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ABSTRACT

The California study, based on data from a national survey, compared accuracy and completeness of information on 7,182 chronic health conditions of persons, 17 years of age or older, given in household interviews with diagnostic information given by group medical plan physicians. Overreporting referred to conditions reported in the interview which were not specified in similar words in the medical record. Underreporting referred to conditions reported with specific words in the interview which were not recorded in the medical record. Some of the findings indicated that estimated underreporting in interviews was 46.8 0/0; that estimated overreporting was 40 0/0; that conditions with low indexes of underreporting and overreporting included diabetes, central nervous system disorders, heart conditions, gallbladder disease, and absence of digits; that underreported conditions included mental illness of a specified type, menstrual disorders, and skin diseases; and that overreported conditions included asthma, hypertension, visual and aural impairments, and speech defects. Overreported or underreported conditions coincided with one patient-physician contact, whereas the proportion of comparative accuracy increased with increased patient-physician contact. Tables, samples of questionnaires, a sample of the physician visit record, a diagnostic record, and the sampling design comprise over half the document. (MC)

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VITAL and HEALTH STATISTICS
DATA EVALUATION AND METHODS RESEARCH
Series 2, Number 67

# Net Differences in Interview Data on Chronic Conditions and Information Derived From Medical Records

U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
Public Health Service
Health Services and Mental Health Administration

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DATA EVALUATION AND METHODS RESEARCH

Series 2
Number 57

# Net Differences in Interview Data on Chronic Conditions and Information Derived From Medical Records

A methodological study of the completeness and accuracy with which chronic conditions are reported by health plan enrollees in household interviews as compared with information recorded by physicians.

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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Health Services and Mental Health Administration
National Center for Health Statistics
Rockville, Md. June 1973

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### COOPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies.

In accordance with specifications established by the Health Interview Survey, the Bureau of the Census, under a contractual arrangement, participates in most aspects of survey planning, selects the sample, and collects the data.

Vital and Health Statistics-Series 2-No.57

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# FOREWORD

A continuing concern and effort of the National Center for Health Statistics has been to better assess the effectiveness of its survey data collection mechanisms. Through the means of household interviews, examination surveys, and record surveys, a large variety of data, some of it overlapping, has been collected. Program plans and objectives have made it imperative that research be conducted to evaluate the strengths and weaknesses of the various surveys and thus to concentrate the efforts on those objectives best performed in each particular survey.

Important questions with respect to interview surveys have continued to be How complete is the reporting of chronic conditions by household respondents? and What is the value of condition data collected by household interviews? A large-scale study was conducted in collaboration with the Health Insurance Plan of Greater New York to compare the information collected in household interviews with that found in existing medical records. (See "Health Interview Responses Compared with Medical Records," *Vital and Health Statistics*, PHS Pub. No. 1000-Series 2-No. 7.) This study probed many facets of the agreements and disagreements to be found in such comparisons. It also indicated the need for a more sophisticated study plan which would utilize a prospective record source designed to control for differences in communication between physician and patient, for the duration of the condition, and for some measures of the impact of the condition as correlates of the measures of completeness of reporting in health interviews.

Such a study was planned as a contract project with the extensive collaboration of the Stanford Research Institute, the Kaiser Foundation Health Plan (Southern California Region), Southern California Permanente Medical Group, the U.S. Bureau of the Census, and the National Center for Health Statistics. The first report (Series 2, No. 23), is a description of the study, in which the chronic illnesses and impairments reported by a sample of persons in household interviews were compared with the chronic illnesses and impairments found in specially prepared medical records. The study population consisted of a sample of members of a prepaid medical and hospitalization plan.

The general objectives of the study were:

1. Ascertaining the extent of reporting by respondents in household interviews of conditions for which medical care was sought over a period of 12 months.
2. Relating the extent of reporting of conditions to some measures of communication between physician and patient; to the relative impact of the condition in terms of duration and number of physician visits; and to type of treatment.
3. Experimenting with different versions of the health interview questionnaire.

This is the second report from the study and it deals primarily with overreporting and underreporting of specific chronic conditions in household interviews.

Dr. William G. Madow of the Stanford Research Institute served as project officer for this study and was responsible for the preparation of this report. Mrs. Louise Bollo served as nosologist, and Mrs. Geraldine Gleeson performed major editorial service in preparing the report for publication.

Elijah L. White. Director,
Division of Health Interview
Statistics

| SYMBOLS | |
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| Data not available | --- |
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| Quantity more than 0 but less than 0.05 | 0.0 |
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# NET DIFFERENCES IN INTERVIEW DATA ON CHRONIC CONDITIONS AND INFORMATION DERIVED FROM MEDICAL RECORDS

William G. Madow, Ph.D., *Stanford Research Institute*

## OBJECTIVES AND GENERAL FINDINGS

### Background

As a part of its continuing program of studies designed to evaluate the accuracy and completeness of diagnostic information obtained by household interview, the Health Interview Survey contracted with the Stanford Research Institute to do a study comparing responses to health interviews with medical records. The population used for the study was a sample of the members of the Kaiser Foundation Health Plan (KFHP) Southern California Region—a large prepayment medical plan providing services through the Southern California Permanente Medical Group (SCPMG) and hospitalization through Kaiser Foundation hospitals. The data collection phase of the study consisted of completing medical records created specifically for the study and then interviewing the persons for whom these records were maintained.

### Content of Earlier Report

The general findings of the study, together with conclusions and recommendations pertinent to the interview survey, are presented in an earlier publication issued by the National Center for Health Statistics entitled "Interview Data on Chronic Conditions Compared With Information Derived from Medical Records" *(Vital and Health Statistics,* Series 2, No. 23). That report also includes a description of the background and objectives of the project and some of the problems encountered during the conduct of the study.

As in other evaluative studies of this kind, a principal finding was that a certain proportion of conditions listed in the medical records were not reported in the household interviews. In general the unreported conditions tended to be those for which there was little, if any, impact on the person involved. Respondents reported more fully on conditions important to them and reported less well on conditions of lesser subjective importance.

Most researchers, while doing their utmost to reduce errors of response, are aware of the fact that there are errors of reporting in two directions: understatement and overstatement. The costs and difficulties of eliminating response bias are often so great that researchers take advantage of the extent to which understatements and overstatements balance one another in individual estimates, i.e., the size of the net response bias. In some instances, relationships may hold up even when individual estimates are subject to fairly large errors of reporting. By considering only whether conditions found in the medical records had been reported in the household interviews, the earlier report considered the gross error of reporting in only one direction. No attempt was made to investigate the extent to which underreporting of conditions found in the medical records was balanced by overreporting of conditions in the household interview.

The general purpose of the present report is to investigate the extent and magnitude of net dif-

ferences in the conditions reported in household interviews and those recorded in the Physician Visits Record Summary.[1]

On the whole, while differences do exist, there is a tendency for the gross errors to balance out and for the net bias to be relatively small, particularly in view of the frequent vagueness and uncertainty in diagnosis and the lack of precision with which patients understand diagnoses. Even though only a small number of comparisons have been made here, it seems that the differences between chronic conditions in the medical records (PVRS's) for the study year and those reported in the household interviews are small enough that the findings can be used for some evaluative purposes. The large sizes of the gross errors, however, still require attempts to improve the data.

## PLANNING AND CONDUCTING THE STUDY

### Earlier Research on Health Interview Data

Recognition of the fact that information on illness collected by household interview does not reflect a complete and accurate account of all chronic conditions present in a population led to a number of research studies during the early years of the National Health Survey. In one of these studies,[2] carried out by contractual arrangement with the Health Insurance Plan of Greater New York (HIP), the use of medical services for a condition during a given year was established from records maintained by HIP, and information collected by interviews was examined in relation to this criterion source. The record source in this study was the reporting document (Med 10) which HIP physicians submitted to the central office in accordance with operational procedures of the Plan. These records, consisting of single-line entries on an administrative form, were used instead of the entries on the patient's clinical chart because the wide geographic dispersal of the medical groups and the variety of recordkeeping systems precluded the examination of all physician entries for a given individual. Since the Med 10 form gave no medical history, evaluation of symptoms, nor weighing of differential diagnoses, conditions and their chronicity were inferred from the records. While studies carried out within HIP have indicated that the Med 10 is a reliable document for statistical purposes, it was somewhat less than ideal for use as a criterion relating to the presence of diagnosed chronic conditions.

While the retrospective study conducted by HIP yielded valuable information, it was felt that its findings should be confirmed in a different population and that other aspects of interviewing problems could be investigated in a prospective record-check study. This plan for further research led to the arrangement with the Stanford Research Institute (SRI) to conduct such a study. Some of the comparative features of the two studies are discussed later.

### Data Collection for the SRI Study

An important innovation in planning the prospective study undertaken by SRI was the creation of medical records to be used especially for the study—the Physician Visit Record (PVR)—which was filled out by the physician following each physician-patient visit. In preparing the PVR, summarized in the Physician Visits Record Summary (PVRS), the physicians were asked to enter any diagnosis (condition) impression or symptom that was considered, noted in the record, or mentioned by either the physician or the patient. The condition category noted in the record referred to conditions that the doctor had entered in the patient chart regularly filled out after each visit. It was quite possible that the patient had various conditions never mentioned in his meetings with the physician during the study year; such conditions would not have been entered on the PVR and

[1] A form—the Physician Visit Record—was filled out by the physician for each sample person after each visit to SCPMG during the study year. At the end of the study year, the Physician Visit Records were summarized for each person; this summary is called the Physician Visits Record Summary. For more detailed information on this form, see Series 2, No. 23, page 7.

[2] "Health Interview Responses Compared With Medical Records," Series 2, No. 7.

thus would not have been summarized on the PVRS. The physician did not always enter on the PVR all conditions that he noted on the patient chart during a visit.

Some patients received part or all of their medical care outside SCPMG. Conditions reported by such patients would not necessarily appear in their medical records maintained at SCPMG. In estimating net differences it therefore seemed desirable to limit the study to data for persons who reported that they had used only SCPMG as a source of medical assistance during the study year. The study included only those conditions which were entered in the medical records or about which the respondent said he had spoken with a physician during the year. Because of these limitations the basic comparison in this report is between conditions found in the medical records (PVRS's) created for this study and conditions reported in the household interviews conducted after the completion of the study year.

The interviews, which were conducted by the U.S. Bureau of the Census acting as collecting agent for the Division of Health Interview Statistics, National Center for Health Statistics, pertained to conditions which were diagnosed or for which medical treatment had been received during the study year. The formats of the questionnaire used in the interviews, the Physician Visit Record, and the Physician Visits Record Summary are shown in appendix I of this report. A description of the sample design can be found in appendix III.

The questionnaire and corresponding PVRS for each patient were sent to the Division of Health Interview Statistics, which undertook demographic and medical coding of the study data. Transcription sheets were prepared, and chronic conditions on the questionnaire and PVRS were identified, compared, and matched.

### Analysis of the Data

Once the chronic conditions had been identified, they were assigned the three- and four-digit diagnostic codes of the Seventh Revision of the International Classification of Diseases (ICD). The codes were summarized into a classification of 50 diagnostic categories similar to the Recode 3 used in the Health Interview Survey with each of these 50 classes consisting of chronic conditions with specified codes. (See appendix II.)

If a chronic condition on the PVRS and a condition on the questionnaire had ICD codes within the same recode class, the conditions were assigned *match code A*.

If a chronic condition on the PVRS and a condition on the questionnaire had ICD codes that were not within the same recode class but appeared to be associated, the conditions were assigned *match code B*. (It is recognized that code B is not sharply defined.)

Chronic conditions on the PVRS which were not assigned either match code A or match code B were assigned *code C*. A code C condition on the PVRS had no associated condition on the questionnaire.

If a chronic condition on the questionnaire was not assigned either match code A or B, it was assigned *code D*, meaning that there was no associated condition on the PVRS. Code D conditions about which the respondent reported that he had seen or spoken to a physician in the preceding 12 months were analyzed separately as *D12* conditions. Code D conditions for which the respondent did not report receiving medical services during the 12-month period are *D+* conditions.

## CHRONIC CONDITIONS BY TYPE OF MEDICAL SERVICES USED

As mentioned earlier, in order to consider the net effects of reporting errors, it was necessary to limit the study to persons who had utilized only SCPMG for medical services and only Kaiser Foundation hospitals for hospital services. Those interviewed were asked about the physicians they had contacted and hospitals they had used for their medical services during the study year and were then asked to authorize examination of their medical records.

### Type of Medical Services

Table 1 shows the distribution of chronic conditions in the medical records and household interviews and of persons with chronic conditions according to the type of medical service utilized. The four classifications of these data are based on what physicians and hospitals the respondent

reported using during the study year: (1) SCPMG and Kaiser Foundation hospitals only, (2) other physicians and hospitals in addition to SCPMG and Kaiser Foundation hospitals, (3) only non-SCPMG physicians and hospitals, (4) no physician or hospital services at all. The tabulation excludes persons reported by both the medical records (PVRS's) and the questionnaire as having no chronic conditions.

Approximately 67 percent of all conditions recorded in the PVRS's and/or reported in the interviews were for persons who reported in the interview that they had received only SCPMG services and whose utilization status was verified in the PVRS. An additional 15 percent of the conditions were for persons who had received services from other medical facilities as well as from SCPMG, according to entries on the questionnaire and the PVRS. For approximately 9 percent of the conditions both PVRS and interview indicated that either no SCPMG services or no medical services whatever had been received.

It should be pointed out that the 245 persons (shown in table 1) who reported the receipt of services from "SCPMG only" according to the PVRS but reported "No utilization" in the household interview could have used the services of physicians and hospitals other than SCPMG. According to the medical records these respondents were seen by an SCPMG physician or were hospitalized in a Kaiser Foundation hospital for 596 conditions during the study year. These respondents may also have had conditions that were diagnosed by physicians or in hospitals outside SCPMG, but rather than have a separate category for "SCPMG and possible others" it was decided to categorize them as "SCPMG only."

An additional 172 conditions were recorded in the medical records (PVRS's) of persons who reported in the interview that they had used only non-SCPMG medical services. These may be viewed as reflecting a memory defect.

The classification of utilization for determining whether the person had utilized SCPMG was based on his PVRS, but the respondent's statements with respect to outside utilization or no utilization were accepted when they were not in conflict with the medical records (PVRS's).

There were 470 conditions reported by respondents who said they had used only SCPMG services for which no record of SCPMG usage during the study year could be found on the PVRS's. Again, this seems to indicate a memory failure.

### Distribution of Chronic Conditions

Of the 15,417 conditions found in either the medical records or in the household interview questionnaire, 14,099, or approximately 91 percent, were reported in the same manner in both sources with respect to the utilization of medical services. Approximately 88 percent (4,445 out of a total of 5,027) of the respondents reported the same utilization of medical services as was reported in the medical records.

For persons who either reported at least one chronic condition or had a chronic condition recorded on their PVRS, table 1 shows the number of chronic conditions per person according to the utilization of medical services as reported by the respondent and recorded on the PVRS. Persons who, according to both PVRS and questionnaire, utilized not only SCPMG but also other treatment facilities had about 20 percent more conditions per person than those who utilized SCPMG only, and persons in both of these categories had at least 50 percent more conditions per person than those who utilized only non-SCPMG sources and those who had no medical or hospital services.

The distribution of chronic conditions by type of match (A, B, C, D12, or D+) according to utilization as recorded on the PVRS and reported in the interview is shown in table 2.

More than one-third of the 15,417 conditions reported in the interview and/or recorded in the PVRS were conditions reported in the interview only for which the person did not report receiving medical services during the 12-month period preceding the interview (D+ conditions). Since the absence of medical treatment during the year precludes their being recorded in the PVRS's, these conditions are not considered in the rest of this report.

Of the 6,140 conditions recorded in the PVRS's (match categories A, B, and C, shown in the first line of table 2), 3,359, or approximately 55 percent, were also reported in the interview (match categories A and B). When conditions are restricted to those of persons who received SCPMG services only, the percentage is slightly less, 54 percent.

## NET DIFFERENCES IN INTERVIEW REPORTS AND MEDICAL RECORDS

### Underreporting and Overreporting of Chronic Conditions

An important consideration in this study is determining if there is an interchange between the conditions identified as C conditions (reported only in the records) and D12 conditions (reported only in the interviews), i.e., whether the words used by the patient and doctor in describing the same condition are sufficiently different from one another to preclude an A or B match.

Table 3 provides some information on whether a person tends to have equal numbers of C (underreported) and D12 (overreported) conditions. The table shows, for persons who utilized only SCPMG services, the distribution of conditions by number of D12 conditions and number of C conditions. (In both cases, the maximums shown in the table are correct; i.e., no individual had more than five C conditions or eight D12 conditions.) Clearly the association between C and D12 conditions is not great. Of the 3,401 persons who utilized only SCPMG services, 998, or 29.3 percent, had neither a C nor a D12 condition. An additional 228 persons, 6.7 percent, had the same number of C and D12 conditions, and 1,476 persons, 43.4 percent, had numbers of C and D12 conditions that differed by one.

Among the sources of difference may be the reporting of an ailment as a single condition in one source and as more than one condition in the other source. Nonetheless, it is not reasonable to assume from the findings of this study that respondents were reporting C conditions as D12 conditions because of their failure to understand the nature of their conditions.

The basic measures of completeness of reporting in this study are presented in table 4 and summarized as indexes of reporting differences in table 5.

It is evident from table 4 that the number of conditions reported in the medical records (5,279) for persons who had received only SCPMG services during the 12 months prior to interview was roughly 12 percent higher than the number of conditions reported in the household interview (4,714). This difference is due entirely to conditions on the PVRS only (C conditions) or reported in the household interview only (D12 conditions), and there are approximately 30 percent more C than D12 conditions. However, if one compares the percentages for all conditions reported in the PVRS's and all conditions reported in the household interviews, the agreement is fairly good, and the differences that do exist seem to be logical. For example, one of the larger differences is in the category "mental illness, specified types, not elsewhere classified." There is little difference in the less specific category "ill-defined mental and nervous trouble," and, in addition, when the questionnaires were examined, the entries found in the medical records for such conditions had names such as "anxiety," or "tension," or other words that might not appear to a patient permanently living with such conditions to be the medical reasons for which he had consulted a doctor. On the whole, considering the tendency to underreport mental illness and other illnesses that the respondent believes to be socially unacceptable, lack of agreement between medical records and interview data in this instance is not unexpected.

### Net Reporting Differences

In a study of this kind it is difficult to establish a proper denominator to compute a single index which will reflect the net reporting differences. As an alternative, two indexes are presented in table 5. One is the proportion of conditions found in the medical records but not reported in the interviews (an estimate of underreporting), and the other, the proportion of conditions reported in the interviews but not found in the records (an estimate of overreporting). Since these indexes, shown for each diagnostic category, are derived from the data shown in table 4, they are based on information about persons who used SCPMG services only for conditions that had been medically attended during the 1-year period covered by the PVRS's.

When both of the indexes for a particular diagnostic category are comparatively low, it can be expected, on the basis of this study, that conditions within the category will be reported in an interview with a fair degree of accuracy. If, in addition, the indexes are of the same general magnitude, the gross prevalence produced from

interview data will approximate the unbiased estimate of the true prevalence level in the population. If, on the other hand, either or both of the indexes for a category are high, then the estimates from the interview must be considered as suspect, even though two high indexes of the same magnitude will produce an approximate gross prevalence.

Conditions with low indexes of underreporting and overreporting, which might be expected to be reported with a fair degree of accuracy and completeness in a household interview, include diabetes, vascular lesions of the central nervous system, heart conditions, diseases of the gallbladder, and absence of fingers and toes.

In evaluating this material it should be kept in mind that overreporting may have resulted from the fact that record data were limited to those conditions for which a person had seen an SCPMG physician during the year. Thus, respondents could have reported in the interview conditions of long duration or even presently inactive conditions they had many years ago which were not noted in the current medical records. This possibility may explain some part of the overreporting in such categories as tuberculosis, rheumatic fever, sinusitis, bronchitis, and severe visual impairment.

Furthermore, data on the accuracy of chronic condition reporting in household interviews, shown in tables 4 and 5, should be interpreted in the light of some findings presented in the earlier report on this project (Series 2, No. 23). Some of the more pertinent paragraphs from the earlier publication that describe several of the shortcomings of the study follow.

> Communication between physician and patient seemed to vary considerably from condition to condition. Often in the discussion, reference is made to the fact that something was or was not entered during the visits at which the physician reported the condition on the PVRS. . . .
>
> For 31.3 percent of the 6,140 conditions recorded on the PVRS, the physician stated that during no visit during the study year had he told the patient the actual diagnosis or a diagnosis codable to the actual diagnosis. Similarly, for about 51 percent of the conditions the physician stated that during no visit had the patient told him either the actual diagnosis or used a term codable to the actual diagnosis—i.e., neither a formal diagnostic statement, lay terms, nor symptom statements related to the diagnosis had been used by the patient during his visits to the physician.
>
> Sometimes in speaking to a patient a physician emphasizes the condition from which the patient is suffering and sometimes he does not. For 54 percent of the conditions, the physician claimed that during no visit had he made a particular point of the diagnosis in discussing the condition with the patient.
>
> The physician was asked to enter on the PVR whether the patient reported having pain or emotional stress or spending at least 1 day in bed during the week preceding the patient's visit. Approximately 70 percent of the conditions were such that at no visit did the physician indicate on the PVR that the patient had had pain or emotional stress during the preceding week. For about 10 percent of the conditions, the physician stated that the patient had said he had spent at least 1 day in bed during the preceding week.

Even though the percentages quoted above pertain to all conditions in SCPMG records (A, B, and C conditions in table 2), it is reasonable to assume that they also apply to conditions among persons receiving SCPMG services only.

### Completeness of Reporting by Frequency of Physician Visits

Shown in tables 6 and 7 are distributions of conditions by number of physician visits they caused during the study year based on information from the PVRS's (table 6) and by number of physician contacts reported in interviews (table 7). The data used for physician contacts were those stated by the respondent on the questionnaire. For 366 conditions table 7 shows no physician contact, but data from the PVRS's show that at least one SCPMG physician had been consulted. If these 366 conditions are included with the 1,592 conditions for which one contact was reported (table 7), the comparison of the percentages in the two tables,

while certainly not perfect, is sufficiently close to provide information for evaluative purposes. This is true with respect to all conditions and also with respect to the specific comparison of C and D12 conditions. There is some tendency for the number of physician contacts reported for conditions in the interview to be higher than the actual number of visits recorded in the PVRS because some of the physician contacts may have been by telephone rather than by personal visit.

A high proportion of the conditions that were underreported (C conditions in table 6) and overreported (D12 conditions in table 7) consisted of those for which a single physician visit or contact was made during the study year. As the number of visits increased, the percent of conditions underreported or overreported declined sharply. This pattern indicates that increased opportunity for communication with the physician improves the ability of a respondent to report his conditions in an interview with accuracy and completeness.

### Completeness of Reporting by Presence or Absence of Medication

In tables 8 and 9 the distribution of conditions included in the medical records and those reported in the household interviews is shown by type of match according to whether or not the person was taking medicine for the condition. Approximately 56 percent of the conditions for which the medical records indicated that no medication had been prescribed were not reported in household interviews (C match conditions in table 8). Only 33 percent of those conditions for which medication had been prescribed were not named during the interviews. The impact of frequent medical attention and regular medication, shown in tables 6 and 8, is effective in reducing the amount of underreporting in the household interview.

Overreporting of conditions was not unduly influenced by whether or not the respondent was taking medication. About 38 percent of those conditions reported in interviews as requiring medication were not found in the medical records. The comparable proportion for those conditions with no medication during the study year was 45 percent (table 9).

### Completeness of Reporting by Sex and Age

The distribution by sex of conditions recorded in PVRS's and reported in household interviews according to match code indicates that the proportion of conditions in all categories was much higher among women than among men (table 10). However, there was very little difference between the sexes in the underreporting of conditions; about 46 percent of the conditions for men shown in the medical records were not reported in the interview, while a very comparable percentage among women was 47 percent. However, the amount of overreporting was somewhat less among males than among females. No evidence of approximately 37 percent of the conditions reported in the interview by males was found in the records; among females the comparable percentage was 45 percent. Slightly more than two-thirds of all of the conditions recorded in the medical records for both sexes were among persons 35-64 years of age. About three-fourths of the recorded conditions not reported in the interview were among persons in this age range (table 11). When conditions in this age group are considered by type of match, the proportion of those in the records that were not reported in the interview was about the same among men and women. However, comparable percentages shown in table 12 indicate that the proportion of conditions overreported in this age range was substantially higher for women than for men.

The seemingly high percentage of conditions underreported by women 17-24 years of age, shown in table 11, can be attributed to the small numbers of total conditions among persons in this age group. The instability of the numbers in this age group may also account for the high rates of overreporting (table 12).

For persons 65 years and older, the accuracy and completeness of reporting was substantially greater among women than among men. The percentages summarized from tables 11 and 12

and shown in table A indicate that the A and B match rates were much higher for women and that they underreported and overreported conditions less frequently.

Table A. Proportion of chronic conditions reported among persons 65 years and over, by sex

| Sex | Proportion of A and B matches based on medical records | Proportion of conditions in records that were not reported in interview | Proportion of conditions reported in interview that were not in the records |
|---|---|---|---|
| Male------- | 56.8 | 43.2 | 38.2 |
| Female----- | 71.1 | 28.9 | 34.6 |

### Completeness of Reporting by Educational Status

Of all the conditions recorded in the medical records or reported in the interview, essentially one-half of them were among persons with 9-12 years of education. The distribution of all conditions by education was quite similar to that for recorded conditions that were not reported in interviews (table 13) and for reported conditions for which there was no confirming evidence in the records (table 14). This would indicate that education did not influence the amount of underreporting and overreporting in this study to any appreciable degree with regard to total prevalence of chronic conditions. Most of the disparity in reporting noted among educational groups when they are considered by type of match can be attributed to the small numbers of conditions in some of the groups.

### Comparability With HIP Study Findings

It is not possible to compare the net differences in interview data and medical record information derived from the HIP study and those of this study because the procedure used in the HIP study did not provide for the measurement of overreporting. Any comparative estimates of the amount of underreporting in the two studies are very rough approximations because it is not possible from available data to restrict the HIP study group to those who had received only services under that insurance plan. However, gross figures indicate that approximately 56 percent of the conditions defined as unqualifiedly chronic in the HIP records were not reported in interviews, while a comparable estimate in the SRI study was 47 percent.

Among disease categories for which data are available, comparatively low rates of underreporting were found in both studies for asthma, hay fever, diabetes, heart conditions, bronchitis, ulcer of the stomach and duodenum, and diseases of the gallbladder. Those conditions which were grossly underreported in both studies include benign and unspecified neoplasms, anemia and other blood disorders, mental illness, respiratory diseases other than bronchitis and tuberculosis, skin diseases, and menopausal and other genitourinary disorders. Findings from both studies indicate that underreporting occurred less frequently among older persons than among children and young adults, and also among those with 10 or more physician visits during the study year than for those who had seen a physician less frequently.

## SUMMARY

A study designed to measure the accuracy and completeness of the reporting of chronic conditions in health interviews was carried out by the Stanford Research Institute during the early years of the National Health Survey. The sample population was selected from members of the Kaiser Foundation Health Plan, a large prepayment medical plan providing medical services through the Southern California Permanente Medical Group and hospitalization through the Kaiser Plan. Medical records were compared with interview responses from persons for whom the records were maintained. The study design provided for the creation of medical records specifically for this study in order that the project could be conducted on a prospective basis. Interviews were conducted following the completion of physician records maintained on sample persons during a 12-month period.

This report has presented the findings in the phase of the study dealing with the comparative amounts of underreporting and overreporting of chronic conditions in health interviews. The following statements summarize the principal findings of the study.

The total number of chronic conditions recorded in the medical records and/or reported in interviews amounted to 15,417. For this phase of the study the following categories of conditions were excluded: 4,499 conditions that had not been treated exclusively in SCPMG facilities, 3,633 conditions that were reported in interviews as having been treated in SCPMG facilities prior to the 12-month period covered by the study, and 103 conditions for which SCMPG utilization status was not available. These exclusions reduced the group to 7,182 chronic conditions. Of this number, 2,811 conditions were recorded in the medical records and also reported in the interviews, 2,468 conditions were recorded in the records but not reported in interviews, and 1,903 conditions were reported in interviews but not recorded in the medical records.

Reporting indexes derived from these figures (shown in table 5) indicate that the estimate of underreporting in interviews was 46.8 percent and the estimate of overreporting of conditions was 40.4 percent.

When conditions were classified into 50 broad disease categories, it was found that certain kinds of conditions with comparatively low indexes of both underreporting and overreporting might be expected to be reported in an interview with a fair degree of accuracy and completeness. Included were diabetes, vascular lesions of the central nervous system, heart conditions, diseases of the gallbladder, and absence of fingers and toes.

High indexes of underreporting with rather low proportions of overreporting were noted for such conditions as benign and unspecified neoplasms, mental illness of specified type, menstrual disorders, and skin diseases. These results were not unexpected in the reporting of conditions which might cause embarrassment or reluctance on the part of the respondent.

High indexes of overreporting with a lower degree of underreporting were found in the reporting of hay fever, asthma, tuberculosis, headache and migraine, hypertension, hemorrhoids, rheumatic fever, sinusitis, bronchitis, visual impairments, hearing impariments, and speech defects. It is quite possible that respondents were reporting conditions of long duration or even conditions they had many years ago which were not noted in current medical records.

A high proportion of the conditions that were underreported or overreported consisted of those for which a single physician visit or contact was made during the study year. The sharp increase in the accuracy of reporting as the number of physician visits increased indicates that opportunity for communication with his physician improves the ability of a respondent to report his conditions in an interview. Regular medication for a condition also increases the probability that it will be reported in an interview.

The percentage of underreporting of conditions was about the same for men and women; however, women have a greater tendency to overreport their conditions. For persons 65 years and older, the accuracy and completeness of reporting were substantially higher among women than among men. Education did not influence the amount of underreporting and overreporting in this study to any appreciable degree.

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Table 1. Number and percent distribution of chronic conditions and persons with chronic conditions and number of chronic conditions per person for persons having at least one condition by utilization of medical services as reported in medical records and interviews

| Utilization as reported in: | | All conditions | All persons[1] | Chronic conditions per person | All conditions | All persons[1] |
|---|---|---|---|---|---|---|
| Medical records | Interview | Number | | | Percent distribution | |
| SCPMG only | SCPMG only | 10,322 | 3,156 | 3.27 | 67.0 | 62.8 |
| SCPMG and others | SCPMG and others | 2,350 | 594 | 3.96 | 15.2 | 11.8 |
| Non-SCPMG only | Non-SCPMG only | 825 | 361 | 2.29 | 5.4 | 7.2 |
| No utilization | No utilization | 602 | 334 | 1.80 | 3.9 | 6.6 |
| SCPMG only | No utilization | 596 | 245 | 2.43 | 3.9 | 4.9 |
| SCPMG and others | Non-SCPMG only | 172 | 67 | 2.57 | 1.1 | 1.3 |
| Non-SCPMG only | SCPMG and others | 80 | 50 | 1.60 | 0.5 | 1.0 |
| No utilization | SCPMG only | 470 | 220 | 2.14 | 3.0 | 4.4 |
| Total---------- | | 15,417 | 5,027 | ... | 100.0 | 100.0 |

[1]Excludes persons with no reported conditions either on the PVRS or on the questionnaire.

Table 2. Number and percent distribution of chronic conditions by utilization of medical services as reported in medical records and interviews, according to type of match

| Utilization as reported in: | | All conditions | Type of match | | | | |
|---|---|---|---|---|---|---|---|
| | | | A | B | C | Reported in interview only | |
| Medical records | Interview | | | | | D12[1] | D+ |
| | | Number of conditions | | | | | |
| SCPMG only | SCPMG only | 10,322 | 1,902 | 855 | 2,323 | 1,996 | 3,246 |
| SCPMG and others | SCPMG and others | 2,350 | 344 | 161 | 285 | 819 | 741 |
| Non-SCPMG only | Non-SCPMG only | 825 | ... | ... | ... | 463 | 362 |
| No utilization | No utilization | 602 | ... | ... | ... | 20 | 582 |
| SCPMG only | No utilization | 596 | 28 | 26 | 145 | 10 | 387 |
| SCPMG and others | Non-SCPMG only | 172 | 32 | 11 | 28 | 48 | 53 |
| Non-SCPMG only | SCPMG and others | 80 | ... | ... | ... | 10 | 70 |
| No utilization | SCPMG only | 470 | ... | ... | ... | 250 | 220 |
| Total | | 15,417 | 2,306 | 1,053 | 2,781 | 3,616 | 5,661 |
| | | Percent distribution of conditions | | | | | |
| SCPMG only | SCPMG only | 67.0 | 82.5 | 81.2 | 83.5 | 55.2 | 57.3 |
| SCPMG and others | SCPMG and others | 15.2 | 14.9 | 15.3 | 10.2 | 22.6 | 13.1 |
| Non-SCPMG only | Non-SCPMG only | 5.4 | ... | ... | ... | 12.8 | 6.4 |
| No utilization | No utilization | 3.9 | ... | ... | ... | 0.6 | 10.3 |
| SCPMG only | No utilization | 3.9 | 1.2 | 2.5 | 5.2 | 0.3 | 6.8 |
| SCPMG and others | Non-SCPMG only | 1.1 | 1.4 | 1.0 | 1.0 | 1.3 | 0.9 |
| Non-SCPMG only | SCPMG and others | 0.5 | ... | ... | ... | 0.3 | 1.2 |
| No utilization | SCPMG only | 3.0 | ... | ... | ... | 6.9 | 3.9 |
| Total | | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |

[1]Excludes conditions for which information on medical attention received during the past 12 months was not available.

NOTE: Definition of type of match:
A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions recorded in PVRS only.
D12 = conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.
D+ = conditions reported in interview only about which respondent said he had not contacted a physician during the preceding 12 months.

Table 3. Number and percent of persons using SCPMG services only by number of underreported (match code C) and overreported (match code D12) chronic conditions

| Number of D12 conditions[1] | Total | Number of conditions recorded on PVRS only (C match) | | | | | |
|---|---|---|---|---|---|---|---|
| | | 0 | 1 | 2 | 3 | 4 | 5 |
| | Number of persons | | | | | | |
| All conditions | 3,401 | 1,750 | 1,057 | 428 | 117 | 41 | 8 |
| 0 | 2,123 | 998 | 755 | 263 | 68 | 35 | 4 |
| 1 | 873 | 511 | 194 | 124 | 34 | 6 | 4 |
| 2 | 256 | 145 | 68 | 32 | 11 | - | - |
| 3 | 96 | 61 | 26 | 7 | 2 | - | - |
| 4 | 36 | 23 | 13 | - | - | - | - |
| 5 | 10 | 7 | 1 | 2 | - | - | - |
| 6 | 1 | 1 | - | - | - | - | - |
| 7 | 5 | 4 | - | - | 1 | - | - |
| 8 | 1 | - | - | - | 1 | - | - |
| | Percent of persons | | | | | | |
| All conditions | 100.0 | 51.5 | 31.1 | 12.6 | 3.4 | 1.2 | 0.2 |
| 0 | 62.4 | 29.3 | 22.2 | 7.7 | 2.0 | 1.0 | 0.1 |
| 1 | 25.7 | 15.0 | 5.7 | 3.6 | 1.0 | 0.2 | 0.1 |
| 2 | 7.5 | 4.3 | 2.0 | 0.9 | 0.3 | - | - |
| 3 | 2.8 | 1.8 | 0.8 | 0.2 | 0.1 | - | - |
| 4 | 1.1 | 0.7 | 0.4 | - | - | - | - |
| 5 | 0.3 | 0.2 | 0.0 | 0.1 | - | - | - |
| 6 | 0.0 | 0.0 | - | - | - | - | - |
| 7 | 0.1 | 0.1 | - | - | 0.0 | - | - |
| 8 | 0.0 | - | - | - | 0.0 | - | - |

[1]Excludes conditions for which information on medical attention received during the past 12 months was not available.

NOTE: Definition of type of match:
A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions recorded in PVRS only.
D12 = conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.

Table 4. Number of chronic conditions for persons using SCPMG services only, by type of match

| Chronic condition and recode number[1] | Type of match | | | | |
|---|---|---|---|---|---|
| | Reported in medical records (A+B+C) | Reported in interviews[2] (A+B+D12) | Reported in both medical records and interviews (A+B) | Reported in medical records only (C) | Reported in interviews only[2] (D12) |
| | Number of conditions | | | | |
| All chronic conditions | 5,279 | 4,714 | 2,811 | 2,468 | 1,903 |
| 01 Tuberculosis (active) (inactive), all sites | 1 | 6 | 1 | - | 5 |
| 02 Other chronic infective and parasitic diseases | 86 | 62 | 38 | 48 | 24 |
| 03 Malignant neoplasms | 49 | 57 | 30 | 19 | 27 |
| 04 Benign and unspecified neoplasms | 299 | 164 | 130 | 169 | 34 |
| 05 Hay fever, without asthma | 164 | 228 | 120 | 44 | 108 |
| 06 Asthma (with or without hay fever) (bronchial) (not otherwise specified) | 39 | 55 | 27 | 12 | 28 |
| 07 Other allergic disorders, not elsewhere classifiable | 117 | 114 | 64 | 53 | 50 |
| 08 Diseases of the thyroid gland | 61 | 65 | 39 | 22 | 26 |
| 09 Diabetes (mellitus) | 88 | 72 | 71 | 17 | 1 |
| 10 Anemia and other diseases of the blood and blood-forming organs, 3 mo.+ | 40 | 45 | 15 | 25 | 30 |
| 11 Vascular lesions of the central nervous system | 28 | 30 | 24 | 4 | 6 |
| 12 Headache and migraine, chronic | 90 | 119 | 56 | 34 | 63 |
| 13 Specified mental disorders, not elsewhere classifiable | 381 | 180 | 152 | 229 | 28 |
| 14 Ill-defined mental and nervous trouble, not elsewhere classifiable, 3 mo.+ | 89 | 86 | 38 | 51 | 48 |
| 15 Diseases of the heart, not elsewhere classifiable (chronic rheumatic) (arteriosclerotic) (hypertensive) | 238 | 245 | 189 | 49 | 56 |
| 16 Hypertension, not elsewhere classifiable, without heart involvement | 227 | 285 | 184 | 43 | 101 |
| 17 Varicose veins | 81 | 82 | 39 | 42 | 43 |
| 18 Hemorrhoids | 131 | 192 | 87 | 44 | 105 |
| 19 Rheumatic fever; arteriosclerosis, not elsewhere classifiable; other chronic diseases of the circulatory system | 33 | 48 | 13 | 20 | 35 |
| 20 Chronic sinusitis | 19 | 91 | 19 | - | 72 |
| 21 Chronic bronchitis | 24 | 61 | 19 | 5 | 42 |
| 22 Other chronic diseases of the respiratory system | 151 | 128 | 66 | 85 | 62 |
| 23 Ulcer of stomach and duodenum | 111 | 112 | 67 | 44 | 45 |
| 24 Hernia (abdominal cavity) | 78 | 67 | 40 | 38 | 27 |
| 25 Diseases of the gallbladder, chronic | 27 | 34 | 23 | 4 | 11 |
| 26 Other chronic diseases of the digestive system | 267 | 198 | 130 | 137 | 68 |

See notes at end of table.

Table 4. Number of chronic conditions for persons using SCPMG services only, by type of match—Con.

| Chronic conditions and recode number[1] | Type of match | | | | |
|---|---|---|---|---|---|
| | Reported in medical records (A+B+C) | Reported in interviews[2] (A+B+D12) | Reported in both medical records and interviews (A+B) | Reported in medical records only (C) | Reported in interviews only[2] (D12) |
| | Number of conditions | | | | |
| 27 Disorders of menstruation | 170 | 102 | 86 | 84 | 16 |
| 28 Menopausal symptoms, except psychosis | 98 | 47 | 21 | 77 | 26 |
| 29 Urinary calculi; prostate disorders; other chronic genitourinary conditions | 384 | 211 | 131 | 253 | 80 |
| 30 Chronic skin diseases | 429 | 195 | 148 | 281 | 47 |
| 31 Arthritis and chronic rheumatism | 178 | 238 | 122 | 56 | 116 |
| 32 Other chronic musculoskeletal disorders | 175 | 107 | 75 | 100 | 32 |
| 33 Fractures, 3 mo.+, no residual specified | 6 | 16 | 4 | 2 | 12 |
| 34 Other injuries, 3 mo.+, no residual specified | 9 | 15 | 2 | 7 | 13 |
| 35 Severe visual impairment | 2 | 8 | 2 | - | 6 |
| 36 Other visual impairment | 80 | 95 | 57 | 23 | 38 |
| 37 Hearing impairments | 50 | 103 | 36 | 14 | 67 |
| 38 Speech defects | 4 | 7 | 4 | - | 3 |
| 39 Paralysis | 32 | 36 | 20 | 12 | 16 |
| 40 Absence, fingers, toes, only | 4 | 4 | 4 | - | - |
| 41 Absence, major extremities | - | - | - | - | - |
| 42 Impairments (except paralysis and absence), back or spine | 124 | 138 | 75 | 49 | 63 |
| 43 Impairments (except paralysis and absence), upper extremities and shoulders | 15 | 19 | 7 | 8 | 12 |
| 44 Impairments (except paralysis and absence), lower extremities and hips with any other site | 64 | 108 | 30 | 34 | 78 |
| 45 Impairments (except paralysis and absence), multiple not elsewhere classifiable, and ill-defined, limbs, back, trunk | 43 | 33 | 26 | 17 | 7 |
| 46 Other impairments | 5 | 13 | 4 | 1 | 9 |
| 47 Other chronic conditions, not impairments and not in recodes 48-50 | 83 | 54 | 36 | 47 | 18 |
| 48 Chronic diseases of eye, not impairments | 224 | 192 | 118 | 106 | 74 |
| 49 Chronic diseases of ear, not impairments | 98 | 73 | 61 | 37 | 12 |
| 50 Chronic organic nervous system conditions | 83 | 74 | 61 | 22 | 13 |

[1]The recode categories 1-46 are the same as those used in the Recode 3 for the Health Interview Survey. Recodes 48-50 were included in Recode 47 in the original recode.

[2]Excludes conditions for which information on medical attention received during the past 12 months was not available.

NOTE: Definition of type of match:
A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions recorded in PVRS only.
D12 = conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.

Table 5. Percent of chronic conditions underreported and overreported in interviews for persons using SCPMG services only, by type of match

| Chronic condition and recode number[1] | Type of match | |
|---|---|---|
| | Reported in medical records only $\left(\frac{C}{A+B+C}\right)$ | Reported in interviews only[2] $\left(\frac{D12}{A+B+D12}\right)$ |
| | Percent underreported | Percent overreported |
| All chronic conditions | 46.8 | 40.4 |
| 01 Tuberculosis (active) (inactive), all sites | - | 83.3 |
| 02 Other chronic infective and parasitic diseases | 55.8 | 38.7 |
| 03 Malignant neoplasms | 38.8 | 47.4 |
| 04 Benign and unspecified neoplasms | 56.5 | 20.7 |
| 05 Hay fever, without asthma | 26.8 | 47.4 |
| 06 Asthma (with or without hay fever) (bronchial) (not otherwise specified) | 30.8 | 50.9 |
| 07 Other allergic disorders, not elsewhere classifiable | 45.3 | 43.9 |
| 08 Diseases of the thyroid gland | 36.1 | 40.0 |
| 09 Diabetes (mellitus) | 19.3 | 1.4 |
| 10 Anemia and other diseases of the blood and blood-forming organs, 3 mo.+ | 62.5 | 66.7 |
| 11 Vascular lesions of the central nervous system | 14.3 | 20.0 |
| 12 Headache and migraine, chronic | 37.8 | 52.9 |
| 13 Specified mental disorders, not elsewhere classifiable | 60.1 | 15.6 |
| 14 Ill-defined mental and nervous trouble, not elsewhere classifiable, 3 mo.+ | 57.3 | 55.8 |
| 15 Diseases of the heart, not elsewhere classifiable (chronic rheumatic) (arteriosclerotic) (hypertensive) | 20.6 | 22.9 |
| 16 Hypertension, not elsewhere classifiable, without heart involvement | 18.9 | 35.4 |
| 17 Varicose veins | 51.9 | 52.4 |
| 18 Hemorrhoids | 33.6 | 54.7 |
| 19 Rheumatic fever; arteriosclerosis, not elsewhere classifiable; other chronic diseases of the circulatory system | 60.6 | 72.9 |
| 20 Chronic sinusitis | - | 79.1 |
| 21 Chronic bronchitis | 20.8 | 68.9 |
| 22 Other chronic diseases of the respiratory system | 56.3 | 48.4 |
| 23 Ulcer of stomach and duodenum | 39.6 | 40.2 |
| 24 Hernia (abdominal cavity) | 48.7 | 40.3 |
| 25 Diseases of the gallbladder, chronic | 14.8 | 32.4 |
| 26 Other chronic diseases of the digestive system | 51.3 | 34.3 |
| 27 Disorders of menstruation | 49.4 | 15.7 |
| 28 Menopausal symptoms, except psychosis | 78.6 | 55.3 |

See notes at end of table.

Table 5. Percent of chronic conditions underreported and overreported in interviews for persons using SCPMG services only, by type of match—Con.

| Chronic condition and recode number[1] | Type of match | |
|---|---|---|
| | Reported in medical records only $\left(\frac{C}{A+B+C}\right)$ | Reported in interviews only[2] $\left(\frac{D12}{A+B+D12}\right)$ |
| | Percent underreported | Percent overreported |
| 29 Urinary calculi; prostate disorders; other chronic genito-urinary conditions | 65.9 | 37.9 |
| 30 Chronic skin diseases | 65.5 | 24.1 |
| 31 Arthritis and chronic rheumatism | 31.5 | 48.7 |
| 32 Other chronic musculoskeletal disorders | 57.1 | 29.9 |
| 33 Fractures, 3 mo.+, no residual specified | 33.3 | 75.0 |
| 34 Other injuries, 3 mo.+, no residual specified | 77.8 | 86.7 |
| 35 Severe visual impairment | - | 75.0 |
| 36 Other visual impairment | 28.8 | 40.0 |
| 37 Hearing impairments | 28.0 | 65.0 |
| 38 Speech defects | - | 42.9 |
| 39 Paralysis | 37.5 | 44.4 |
| 40 Absence, fingers, toes, only | - | - |
| 41 Absence, major extremities | - | - |
| 42 Impairments (except paralysis and absence), back or spine | 39.5 | 45.7 |
| 43 Impairments (except paralysis and absence), upper extremities and shoulders | 53.3 | 63.2 |
| 44 Impairments (except paralysis and absence), lower extremities and hips with any other site | 53.1 | 72.2 |
| 45 Impairments (except paralysis and absence), multiple not elsewhere classifiable, and ill-defined, limbs, back, trunk- | 39.5 | 21.2 |
| 46 Other impairments | 20.0 | 69.2 |
| 47 Other chronic conditions, not impairments and not in recodes 48-50 | 56.6 | 33.3 |
| 48 Chronic diseases of eye, not impairments | 47.3 | 38.5 |
| 49 Chronic diseases of ear, not impairments | 37.8 | 16.4 |
| 50 Chronic organic nervous system conditions | 26.5 | 17.6 |

[1]The recode categories 1-46 are the same as those used in the Recode 3 for the Health Interview Survey. Recodes 48-50 were included in Recode 47 in the original recode.

[2]Excludes conditions for which information on medical attention received during the past 12 months was not available.

NOTE: Definition of type of match:
A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions recorded in PVRS only.
D12 = conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.

Table 6. Number and percent distribution of chronic conditions recorded in medical records for persons using SCPMG services only by number of physician visits for the conditions, according to type of match

| Number of physician visits | All conditions | Type of match | | |
|---|---|---|---|---|
| | | A | B | C |
| | Number of conditions | | | |
| All visits | 5,279 | 1,930 | 881 | 2,468 |
| 1 | 2,616 | 630 | 448 | 1,538 |
| 2 | 1,133 | 438 | 158 | 537 |
| 3 | 554 | 249 | 109 | 196 |
| 4 | 331 | 177 | 76 | 78 |
| 5 | 226 | 139 | 28 | 59 |
| 6-10 | 342 | 230 | 56 | 56 |
| 11-15 | 54 | 48 | 4 | 2 |
| 16-25 | 18 | 14 | 2 | 2 |
| 26 or more | 5 | 5 | - | - |
| | Percent distribution of conditions | | | |
| All visits | 100.0 | 100.0 | 100.0 | 100.0 |
| 1 | 49.6 | 32.6 | 50.9 | 62.3 |
| 2 | 21.5 | 22.7 | 17.9 | 21.8 |
| 3 | 10.5 | 12.9 | 12.4 | 7.9 |
| 4 | 6.3 | 9.2 | 8.6 | 3.2 |
| 5 | 4.3 | 7.2 | 3.2 | 2.4 |
| 6-10 | 6.5 | 11.9 | 6.4 | 2.3 |
| 11-15 | 1.0 | 2.5 | 0.5 | 0.1 |
| 16-25 | 0.3 | 0.7 | 0.2 | 0.1 |
| 26 or more | 0.1 | 0.3 | - | - |

NOTE: Definition of type of match:

A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions recorded in PVRS only.
D12 = conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.

Table 7. Number and percent distribution of chronic conditions reported in interviews for persons using SCPMG services only by number of physician contacts for the conditions, according to type of match

| Number of physician contacts[1] | All conditions | Type of match | | |
|---|---|---|---|---|
| | | A | B | D12[2] |
| | Number of conditions | | | |
| All contacts | 4,535 | 1,831 | 801 | 1,903 |
| 0[3] | 366 | 220 | 146 | - |
| 1 | 1,592 | 376 | 219 | 997 |
| 2 | 718 | 284 | 106 | 328 |
| 3 | 440 | 215 | 78 | 147 |
| 4 | 420 | 185 | 67 | 168 |
| 5 | 147 | 75 | 15 | 57 |
| 6-10 | 457 | 264 | 87 | 106 |
| 11-15 | 249 | 127 | 53 | 69 |
| 16-25 | 82 | 52 | 15 | 15 |
| 26 or more | 64 | 33 | 15 | 16 |
| | Percent distribution of conditions | | | |
| All contacts | 100.0 | 100.0 | 100.0 | 100.0 |
| 0[3] | 8.1 | 12.0 | 18.2 | - |
| 1 | 35.1 | 20.5 | 27.3 | 52.4 |
| 2 | 15.8 | 15.5 | 13.2 | 17.2 |
| 3 | 9.7 | 11.7 | 9.7 | 7.7 |
| 4 | 9.3 | 10.1 | 8.4 | 8.8 |
| 5 | 3.2 | 4.1 | 1.9 | 3.0 |
| 6-10 | 10.1 | 14.4 | 10.9 | 5.6 |
| 11-15 | 5.5 | 6.9 | 6.6 | 3.6 |
| 16-25 | 1.8 | 2.8 | 1.9 | 0.8 |
| 26 or more | 1.4 | 1.8 | 1.9 | 0.8 |

[1]A physician contact occurred if a physician was seen or spoken to about the condition. Conditions for which the respondent did not know (or could not estimate) the number of physician contacts are excluded.

[2]Excludes conditions for which information on medical attention received during the past 12 months was not available.

[3]Includes conditions for which the respondent reported no physician contacts in the interview but for which it was known from entries on the PVRS that there had been at least one contact during the study year.

NOTE: Definition of type of match:
A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions recorded in PVRS only.
D12 = Conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.

Table 8. Number and percent distribution of chronic conditions reported in medical records for persons using SCPMG services only by type of match, according to whether or not medication was prescribed

| Medication status in medical records | All conditions | Type of match | | |
|---|---|---|---|---|
| | | A | B | C |
| | Number of conditions | | | |
| Total | 5,279 | 1,930 | 881 | 2,468 |
| Medication | 2,121 | 979 | 437 | 705 |
| No medication | 3,158 | 951 | 444 | 1,763 |
| | Percent distribution of conditions | | | |
| Total | 100.0 | 36.6 | 16.7 | 46.8 |
| Medication | 100.0 | 46.2 | 20.6 | 33.2 |
| No medication | 100.0 | 30.1 | 14.1 | 55.8 |

NOTE: Definition of type of match:
A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions recorded in PVRS only.
D12 = conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.

Table 9. Number and percent distribution of chronic conditions reported in interviews for persons using SCPMG services only by type of match, according to whether or not medication was prescribed

| Medication status reported in interview | All conditions | Type of match | | |
|---|---|---|---|---|
| | | A | B | D12[1] |
| | Number of conditions[2] | | | |
| Total | 4,780 | 1,909 | 865 | 2,006 |
| Medication | 2,254 | 966 | 426 | 862 |
| No medication | 2,526 | 943 | 439 | 1,144 |
| | Percent distribution of conditions | | | |
| Total | 100.0 | 39.9 | 18.1 | 42.0 |
| Medication | 100.0 | 42.9 | 18.9 | 38.2 |
| No medication | 100.0 | 37.3 | 17.4 | 45.3 |

[1]Excludes conditions for which information on medical attention received during the past 12 months was not available.
[2]Excludes conditions for which the medication status could not be obtained from the interview data.

NOTE: Definition of type of match:
A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions recorded in PVRS only.
D12 = conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.

Table 10. Number and percent distribution of chronic conditions reported in medical records and in interviews for persons using SCPMG services only by sex and type of match

| Sex | Conditions in medical records | | | | Conditions in interviews | | | |
|---|---|---|---|---|---|---|---|---|
| | All conditions | Type of match | | | All conditions | Type of match | | |
| | | A | B | C | | A | B | D12[1] |
| | Number of conditions | | | | | | | |
| Both sexes | 5,279 | 1,930 | 881 | 2,468 | 4,817 | 1,930 | 881 | 2,006 |
| Male | 2,168 | 813 | 363 | 992 | 1,873 | 813 | 363 | 697 |
| Female | 3,111 | 1,117 | 518 | 1,476 | 2,944 | 1,117 | 518 | 1,309 |
| | Percent distribution of conditions by sex | | | | | | | |
| Both sexes | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| Male | 41.1 | 42.1 | 41.2 | 40.2 | 38.9 | 42.1 | 41.2 | 34.7 |
| Female | 58.9 | 57.9 | 58.8 | 59.8 | 61.1 | 57.9 | 58.8 | 65.3 |
| | Percent distribution of conditions by type of match | | | | | | | |
| Both sexes | 100.0 | 36.6 | 16.7 | 46.8 | 100.0 | 40.1 | 18.3 | 41.6 |
| Male | 100.0 | 37.5 | 16.7 | 45.8 | 100.0 | 43.4 | 19.4 | 37.2 |
| Female | 100.0 | 35.9 | 16.7 | 47.4 | 100.0 | 37.9 | 17.6 | 44.5 |

[1]Excludes conditions for which information on medical attention received during the past 12 months was not available.

NOTE: Definition of type of match:
A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions reported in PVRS only.
D12 = conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.

Table 11. Number and percent distribution of chronic conditions reported in medical records for persons using SCPMG services only by age and type of match, according to sex

| Age | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| | All conditions | Type of match | | | All conditions | Type of match | | |
| | | A | B | C | | A | B | C |
| | Number of conditions | | | | | | | |
| 17 years and over | 2,168 | 813 | 363 | 992 | 3,111 | 1,117 | 518 | 1,476 |
| 17-24 years | 88 | 40 | 9 | 39 | 167 | 58 | 18 | 91 |
| 25-34 years | 166 | 51 | 43 | 72 | 398 | 155 | 50 | 193 |
| 35-44 years | 415 | 136 | 75 | 204 | 820 | 277 | 131 | 412 |
| 45-54 years | 622 | 260 | 107 | 255 | 765 | 260 | 117 | 388 |
| 55-64 years | 426 | 138 | 61 | 227 | 608 | 193 | 125 | 290 |
| 65 years and over | 451 | 188 | 68 | 195 | 353 | 174 | 77 | 102 |
| | Percent distribution of conditions by age | | | | | | | |
| 17 years and over | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 17-24 years | 4.1 | 4.9 | 2.5 | 3.9 | 5.4 | 5.2 | 3.5 | 6.2 |
| 25-34 years | 7.7 | 6.3 | 11.8 | 7.3 | 12.8 | 13.9 | 9.7 | 13.1 |
| 35-44 years | 19.1 | 16.7 | 20.7 | 20.6 | 26.4 | 24.8 | 25.3 | 27.9 |
| 45-54 years | 28.7 | 32.0 | 29.5 | 25.7 | 24.6 | 23.3 | 22.6 | 26.3 |
| 55-64 years | 19.6 | 17.0 | 16.8 | 22.9 | 19.5 | 17.3 | 24.1 | 19.6 |
| 65 years and over | 20.8 | 23.1 | 18.7 | 19.7 | 11.3 | 15.6 | 14.9 | 6.9 |
| | Percent distribution of conditions by type of match | | | | | | | |
| 17 years and over | 100.0 | 37.5 | 16.7 | 45.8 | 100.0 | 35.9 | 16.7 | 47.4 |
| 17-24 years | 100.0 | 45.5 | 10.2 | 44.3 | 100.0 | 34.7 | 10.8 | 54.5 |
| 25-34 years | 100.0 | 30.7 | 25.9 | 43.4 | 100.0 | 38.9 | 12.6 | 48.5 |
| 35-44 years | 100.0 | 32.8 | 18.1 | 49.2 | 100.0 | 33.8 | 16.0 | 50.2 |
| 45-54 years | 100.0 | 41.8 | 17.2 | 41.0 | 100.0 | 34.0 | 15.3 | 50.7 |
| 55-64 years | 100.0 | 32.4 | 14.3 | 53.3 | 100.0 | 31.7 | 20.6 | 47.7 |
| 65 years and over | 100.0 | 41.7 | 15.1 | 43.2 | 100.0 | 49.3 | 21.8 | 28.9 |

NOTE: Definition of type of match:
A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions recorded in PVRS only.
D12 = conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.

Table 12. Number and percent distribution of chronic conditions reported in interviews for persons using SCPMG services only by age and type of match, according to sex

| Age | Male | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|
| | All conditions | Type of match | | | All conditions | Type of match | | |
| | | A | B | D12[1] | | A | B | D12[1] |
| | Number of conditions | | | | | | | |
| 17 years and over | 1,873 | 813 | 363 | 697 | 2,944 | 1,117 | 518 | 1,309 |
| 17-24 years | 116 | 40 | 9 | 67 | 183 | 58 | 18 | 107 |
| 25-34 years | 177 | 51 | 43 | 83 | 388 | 155 | 50 | 183 |
| 35-44 years | 302 | 136 | 75 | 91 | 781 | 277 | 131 | 373 |
| 45-54 years | 573 | 260 | 107 | 206 | 692 | 260 | 117 | 315 |
| 55-64 years | 291 | 138 | 61 | 92 | 516 | 193 | 125 | 198 |
| 65 years and over | 414 | 188 | 68 | 158 | 384 | 174 | 77 | 133 |
| | Percent distribution of conditions by age | | | | | | | |
| 17 years and over | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 | 100.0 |
| 17-24 years | 6.2 | 4.9 | 2.5 | 9.6 | 6.2 | 5.2 | 3.5 | 8.2 |
| 25-34 years | 9.5 | 6.3 | 11.8 | 11.9 | 13.2 | 13.9 | 9.7 | 14.0 |
| 35-44 years | 16.1 | 16.7 | 20.7 | 13.1 | 26.5 | 24.8 | 25.3 | 28.5 |
| 45-54 years | 30.6 | 32.0 | 29.5 | 29.6 | 23.5 | 23.3 | 22.6 | 24.1 |
| 55-64 years | 15.5 | 17.0 | 16.8 | 13.2 | 17.5 | 17.3 | 24.1 | 15.1 |
| 65 years and over | 22.1 | 23.1 | 18.7 | 22.7 | 13.0 | 15.6 | 14.9 | 10.2 |
| | Percent distribution of conditions by type of match | | | | | | | |
| 17 years and over | 100.0 | 43.4 | 19.4 | 37.2 | 100.0 | 37.9 | 17.6 | 44.5 |
| 17-24 years | 100.0 | 34.5 | 7.8 | 57.8 | 100.0 | 31.7 | 9.8 | 58.5 |
| 25-34 years | 100.0 | 28.8 | 24.3 | 46.9 | 100.0 | 39.9 | 12.9 | 47.2 |
| 35-44 years | 100.0 | 45.0 | 24.8 | 30.1 | 100.0 | 35.5 | 16.8 | 47.8 |
| 45-54 years | 100.0 | 45.4 | 18.7 | 36.0 | 100.0 | 37.6 | 16.9 | 45.5 |
| 55-64 years | 100.0 | 47.4 | 21.0 | 31.6 | 100.0 | 37.4 | 24.2 | 38.4 |
| 65 years and over | 100.0 | 45.4 | 16.4 | 38.2 | 100.0 | 45.3 | 20.1 | 34.6 |

[1]Excludes conditions for which information on medical attention received during the past 12 months was not available.

NOTE: Definition of type of match:
A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions recorded in PVRS only.
D12 = conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.

Table 13. Number and percent distribution of chronic conditions reported in medical records for persons using SCPMG services only by education of respondent and type of match

| Education of respondent | All conditions | Type of match | | |
|---|---|---|---|---|
| | | A | B | C |
| | Number of conditions | | | |
| All educational groups | 5,254 | 1,921 | 880 | 2,453 |
| No education | 72 | 25 | 24 | 23 |
| 1-4 years | 84 | 26 | 15 | 43 |
| 5-8 years | 922 | 353 | 166 | 403 |
| 9-12 years | 2,684 | 995 | 443 | 1,246 |
| 13-14 years | 708 | 273 | 108 | 327 |
| 15-16 years | 468 | 166 | 63 | 239 |
| 17 years or more | 316 | 83 | 61 | 172 |
| | Percent distribution of conditions by education | | | |
| All educational groups | 100.0 | 100.0 | 100.0 | 100.0 |
| No education | 1.4 | 1.3 | 2.7 | 0.9 |
| 1-4 years | 1.6 | 1.4 | 1.7 | 1.8 |
| 5-8 years | 17.5 | 18.4 | 18.9 | 16.4 |
| 9-12 years | 51.1 | 51.8 | 50.3 | 50.8 |
| 13-14 years | 13.5 | 14.2 | 12.3 | 13.3 |
| 15-16 years | 8.9 | 8.6 | 7.2 | 9.7 |
| 17 years or more | 6.0 | 4.3 | 6.9 | 7.0 |
| | Percent distribution of conditions by type of match | | | |
| All educational groups | 100.0 | 36.6 | 16.7 | 46.7 |
| No education | 100.0 | 34.7 | 33.3 | 31.9 |
| 1-4 years | 100.0 | 31.0 | 17.9 | 51.2 |
| 5-8 years | 100.0 | 38.3 | 18.0 | 43.7 |
| 9-12 years | 100.0 | 37.1 | 16.5 | 46.4 |
| 13-14 years | 100.0 | 38.6 | 15.3 | 46.2 |
| 15-16 years | 100.0 | 35.5 | 13.5 | 51.1 |
| 17 years or more | 100.0 | 26.3 | 19.3 | 54.4 |

NOTE: Definition of type of match:

A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions recorded in PVRS only.
D12 = conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.

Table 14. Number and percent distribution of chronic conditions reported in interviews for persons using SCPMG services only by education of respondent and type of match

| Education of respondent | All conditions | Type of match | | |
|---|---|---|---|---|
| | | A | B | D12[1] |
| | Number of conditions | | | |
| All educational groups | 4,791 | 1,921 | 880 | 1,990 |
| No education | 89 | 25 | 24 | 40 |
| 1-4 years | 92 | 26 | 15 | 51 |
| 5-8 years | 802 | 353 | 166 | 283 |
| 9-12 years | 2,473 | 995 | 443 | 1,035 |
| 13-14 years | 678 | 273 | 108 | 297 |
| 15-16 years | 393 | 166 | 63 | 164 |
| 17 years or more | 264 | 83 | 61 | 120 |
| | Percent distribution of conditions by education | | | |
| All educational groups | 100.0 | 100.0 | 100.0 | 100.0 |
| No education | 1.9 | 1.3 | 2.7 | 2.0 |
| 1-4 years | 1.9 | 1.4 | 1.7 | 2.6 |
| 5-8 years | 16.7 | 18.4 | 18.9 | 14.2 |
| 9-12 years | 51.6 | 51.8 | 50.3 | 52.0 |
| 13-14 years | 14.2 | 14.2 | 12.3 | 14.9 |
| 15-16 years | 8.2 | 8.6 | 7.2 | 8.2 |
| 17 years or more | 5.5 | 4.3 | 6.9 | 6.0 |
| | Percent distribution of conditions by type of match | | | |
| All educational groups | 100.0 | 40.1 | 18.4 | 41.5 |
| No education | 100.0 | 28.1 | 27.0 | 44.9 |
| 1-4 years | 100.0 | 28.3 | 16.3 | 55.4 |
| 5-8 years | 100.0 | 44.0 | 20.7 | 35.3 |
| 9-12 years | 100.0 | 40.2 | 17.9 | 41.9 |
| 13-14 years | 100.0 | 40.3 | 15.9 | 43.8 |
| 15-16 years | 100.0 | 42.2 | 16.0 | 41.7 |
| 17 years or more | 100.0 | 31.4 | 23.1 | 45.5 |

[1]Excludes conditions for which information on medical attention received during the past 12 months was not available.

NOTE: Definition of type of match:

A = conditions reported on PVRS and in interview which matched.
B = conditions reported on PVRS and in interview which appeared to be associated.
C = conditions recorded in PVRS only.
D12 = conditions reported in interview only about which respondent said he had contacted a physician during the preceding 12 months.

# APPENDIX 1. FORMS

## Version One of Questionnaire

Form Approved: Budget Bureau No. 68-R630-PH.1

The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others for any other purposes (22 FR 1687).

FORM HHS-8-13-1 (5-1-62)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH SURVEY**

1. Questionnaire _____ of _____ Questionnaires

2. ADDRESS
a. Address or description of location

3. Assignment No.

b. Mailing address if not shown in (a): Include city and State

4. Serial No.

5. Which of these income groups represents your total family income for the past 12 months, that is, your's, your-'s, etc? (Show Card H). Include income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc. — Group

6. What is the telephone number here? — Telephone No. — ☐ None

7. If sample person has not been interviewed but interview has been completed for other related members, ask: As I mentioned earlier, in each household we ask some special questions about one person for himself only. In this case, it is _____(Sample person). What is the earliest time I would be able to see him (or her)?

(Enter best time to call). . . . . Date _____ Time _____

8. RECORD OF CALLS AT HOUSEHOLDS

| Item | | | 1 | Con. | 2 | Con. | 3 | Con. | 4 | Con. | 5 | Con. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Entire household | | Date | | | | | | | | | | |
| | | Time | | | | | | | | | | |
| Record of Callbacks for Sample Person | Col. No. SP | Date | | | | | | | | | | |
| | | Time | | | | | | | | | | |

9. REASON FOR NON-INTERVIEW

TYPE A
- ☐ Refusal
- ☐ No one at home - repeated calls
- ☐ Temporarily absent
- ☐ Other (Specify) _____

TYPE B
- ☐ (Specify, e.g., Sample family moved to _____; etc.) _____

TYPE Z
- ☐ Interview not obtained for Sample Person (SP):
(Specify reason) _____

10. Signature of interviewer

11. Code

FOOTNOTES

USCOMM-DC

| | | |
|---|---|---|
| 1. a. What is the name of the head of this household? (Enter name in appropriate column)<br>b. What are the names of all other persons who live here? (List all persons who live here)<br>c. Is there anyone else who lives here who is now temporarily in a hospital? ☐ No ☐ Yes (List)<br>d. Away on business? ☐ No ☐ Yes (List)<br>e. On a visit? ☐ No ☐ Yes (List)<br>f. Is there anyone else staying here now? ☐ No ☐ Yes (List) | Last name (SP)<br>First name and initial | Last name (1)<br>First name and initial |
| 2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, etc.) | Relationship | Relationship |
| 3. How old were you on your last birthday? | Age ☐ Under 1 year | Age ☐ Under 1 year |
| 4. Race (Check one box for each person) | ☐ White ☐ Negro ☐ Other | ☐ White ☐ Negro ☐ Other |
| 5. Sex (Check one box for each person) | ☐ Male ☐ Female | ☐ Male ☐ Female |
| If 17 years old or over, ask:<br>6. Are you now married, widowed, divorced, separated, or never married? (Check one box for each person) | ☐ Under 17 years<br>☐ Married ☐ Separated<br>☐ Widowed ☐ Never Married<br>☐ Divorced | ☐ Under 17 years<br>☐ Married ☐ Separated<br>☐ Widowed ☐ Never Married<br>☐ Divorced |
| If 17 years old or over, ask:<br>7. a. What is the highest grade you attended in school? (Circle highest grade attended or check "None")<br>b. Did you finish the -- grade (year)? | ☐ Under 17 years (SP)<br>Elem: 1 2 3 4 5 6 7 8<br>High: 1 2 3 4<br>College: 1 2 3 4 5+<br>☐ None<br>☐ Yes ☐ No | ☐ Under 17 years (1)<br>Elem: 1 2 3 4 5 6 7 8<br>High: 1 2 3 4<br>College: 1 2 3 4 5+<br>☐ None<br>☐ Yes ☐ No |
| If 17 years old or over, ask:<br>8. a. What were you doing most of the past 12 months -- (For males): working or doing something else? (For females): keeping house, working, or doing something else?<br>If "Something else" checked, and person is 45 years old or over, ask:<br>b. Are you retired? | ☐ Under 17 years<br>☐ Working<br>☐ Keeping house<br>☐ Something else<br>☐ Yes ☐ No | ☐ Under 17 years<br>☐ Working<br>☐ Keeping house<br>☐ Something else<br>☐ Yes ☐ No |
| NOTE: Beginning with Question 9, you must interview the sample person for himself. Check the appropriate box and follow the indicated order of asking the questions. | ☐ Sample Person home and available -- ask SAMPLE PERSON Q. 9-19<br>☐ Sample Person not at home or not available -- continue interview for | |
| 9. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended this past Sunday night.)<br>a. What was the matter?<br>b. Anything else? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 10. Last week or the week before did you take any medicine or treatment for any condition (besides . . . which you told me about)?<br>a. For what conditions?<br>b. Anything else? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 11. Last week or the week before did you have any accidents or injuries?<br>a. What were they?<br>b. Anything else? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 12. Did you ever have an (any other) accident or injury that still bothers you or affects you in any way?<br>a. In what way does it bother you? (Record present effects)<br>b. Anything else? | ☐ Yes ☐ No | |
| 13. Have you had any of these conditions DURING THE PAST 12 MONTHS?<br>(Read Card A, condition by condition; record any conditions mentioned.) | ☐ Yes ☐ No | |
| 14. Do you have any of these conditions?<br>(Read Card B, condition by condition; record any conditions mentioned.) | ☐ Yes ☐ No | |
| 15. AT THE PRESENT TIME do you have any other ailments, conditions or problems with your health?<br>a. What is the condition? (Record condition itself if still present; otherwise record present effects.)<br>b. Any other problems with your health? | ☐ Yes ☐ No | |
| 18. a. Have you been in a hospital at any time during the past 12 months?<br>If "Yes," ask:<br>b. How many times were you in the hospital during that period? | ☐ Yes ☐ No<br>_____ No. of times | |
| 19. a. Have you been a patient in a nursing home, rest home, or any similar place during the past 12 months?<br>If "Yes," ask:<br>b. How many times were you in a nursing home or rest home during that period? | ☐ Yes ☐ No<br>_____ No. of times | |
| R — For non-sample persons 17 years old or over, show who responded for Q. 9-11. For persons under 17 show who responded for them. | ☐ Responded for self (SP) | ☐ Responded for self (1)<br>Col. ___ was respondent |

| Last name (2) | Last name (3) | Last name (4) | Last name (5) |
|---|---|---|---|
| First name and initial | First name and initial | First name and initial | First name and initial |
| Relationship | Relationship | Relationship | Relationship |
| Age ☐ Under 1 year | Age ☐ Under 1 year | Age ☐ Under 1 year | Age ☐ Under 1 year |
| ☐ White ☐ Negro ☐ Other | ☐ White ☐ Negro ☐ Other | ☐ White ☐ Negro ☐ Other | ☐ White ☐ Negro ☐ Other |
| ☐ Male ☐ Female | ☐ Male ☐ Female | ☐ Male ☐ Female | ☐ Male ☐ Female |
| ☐ Under 17 years ☐ Married ☐ Separated ☐ Widowed ☐ Never ☐ Divorced Married | ☐ Under 17 years ☐ Married ☐ Separated ☐ Widowed ☐ Never ☐ Divorced Married | ☐ Under 17 years ☐ Married ☐ Separated ☐ Widowed ☐ Never ☐ Divorced Married | ☐ Under 17 years ☐ Married ☐ Separated ☐ Widowed ☐ Never ☐ Divorced Married |
| ☐ Under 17 years (2) Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None | ☐ Under 17 years (3) Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None | ☐ Under 17 years (4) Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None | ☐ Under 17 years (5) Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| ☐ Under 17 years ☐ Working ☐ Keeping house ☐ Something else | ☐ Under 17 years ☐ Working ☐ Keeping house ☐ Something else | ☐ Under 17 years ☐ Working ☐ Keeping house ☐ Something else | ☐ Under 17 years ☐ Working ☐ Keeping house ☐ Something else |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |

and Tables C-1, H and P for himself. THEN ask Q. 9-11 and Table C-2 for non-sample persons.
non-sample persons only.

| | | | |
|---|---|---|---|
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |

FILL ITEM R. THEN FILL TABLE C-2 FOR CONDITIONS REPORTED FOR NON-SAMPLE PERSONS

| | | | |
|---|---|---|---|
| ☐ Responded for self Col. ___ was respondent (2) | ☐ Responded for self Col. ___ was respondent (3) | ☐ Responded for self Col. ___ was respondent (4) | ☐ Responded for self Col. ___ was respondent (5) |

**TABLE C-1 (For SP ONLY):** Fill one line of Table C-1 for

| Line number | Col. No. of person (a) | Question No. (b) | Name of condition as reported in Questions 9-17 (c) | Did you EVER at any time talk to a doctor about . . . ? (d) | Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? . . . did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (e-2) - (e-5) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else? (e-1) | Ask if the entry in Col. (e-1) is: An impairment, or a Symptom. What was the cause of . . . ? (e-2) | Ask only if: 6 years old or over and blindness, poor vision, or eye trouble of any kind. Can you see well enough to read ordinary newspaper print with glasses? (e-3) | Ask for any entry in Col. (e-1) or Col. (e-2) that includes the words: Allergy* Asthma Cyst Growth Stroke* Tumor "Condition" "Disease" "Trouble". What kind of . . . is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you? (e-4) |
|---|---|---|---|---|---|---|---|---|
| 1 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 2 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 3 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 4 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 5 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 6 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 7 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |

**TABLE H (For SP ONLY):** Fill one line of Table H for each hospitalization

| Line number | Col. No. of person (a) | Question No. (b) | You said that you were in the hospital (once, twice, etc.) during the past year -- When did you enter the hospital (the last time)? (Enter month, day and year; if exact date not known, obtain estimate.) (c) Month | Day | Year | How many nights were you in the hospital? (If exact number not known accept best estimate) (d) Nights | Complete from entries in Columns (c) and (d); or, show calendar and ask the questions -- How many of these - - nights were in the past 12 months? (e) Nights | How many of these - - nights were last week or the week before? (f) Nights | None | Were you still in the hospital on last Sunday night? (g) Yes | No | For what condition did you enter the hospital -- do you know the medical name? (If medical name not known, enter respondent's description) (Entry must show "Cause," "Kind," and "Part of body" in same detail as required in Table C-1) (h) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | SP | | | | | | | | | | | |
| 2 | SP | | | | | | | | | | | |
| 3 | SP | | | | | | | | | | | |

FORM NHS-8-19-1 (9-4-63)

each condition reported in Questions 9-17 for the Sample Person.

| Ask only for: Impairments and injuries<br>And for:<br>Abscesses / Inflammation<br>Aches / Neuralgia<br>Bleeding / Neuritis<br>Blood Clot / Pains<br>Boils / Sores<br>Cancer / Soreness<br>Cyst / Tumor<br>Growth / Ulcers<br>Infection / Weakness<br>What part of the body is affected?<br>Show detail for:<br>Ear or eye - (one or both)<br>Head - (Skull, scalp, face)<br>Back - (Upper, middle, lower)<br>Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both)<br>Leg - (Hip, upper, knee, lower, ankle, foot; one or both)<br>(e-5) | If 6-16 yrs. old ask:<br>How many days did ... keep you from school last week or the week before?<br>(f)<br>Days / None | How many days did ... keep you from your job or business last week or the week before?<br>Enter number of days, or check "None" and ask Col. (h)<br>(g)<br>Days / None | During that 2 week period how many days did ... keep you in bed all or most of the day?<br>If any "days" entered in Cols. (g) or (h) skip to Col.(k)<br>(h)<br>Days / None | Ask ONLY if "None" checked in Cols. (g) and (h):<br>LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on the things you usually do?<br>(i)<br>Yes / No | Ask ONLY if "Yes" in Col. (i):<br>Did you have to cut down for as much as a day?<br>(j)<br>Yes / No | When did you first notice ... ?<br>(Check the first box which applies)<br>(k)<br>☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ 3-12 months months | When did you last see or talk to a doctor about ... ?<br>Enter month and year if during past 12 months; otherwise check "before 12 months" or "never" box<br>(l)<br>M/Y_____<br>☐ B. 12 mo.<br>☐ Never | Ask only if doctor seen during the past 12 months:<br>During the past 12 months about how many times have you seen or talked to a doctor about ... ?<br>(m)<br>No. of times | Line number |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | 1 |
| 2 | | | | | | | | | 2 |
| 3 | DOES NOT APPLY | | | | | | | | 3 |
| 4 | | | | | | | | | 4 |
| 5 | | | | | | | | | 5 |
| 6 | | | | | | | | | 6 |
| 7 | | | | | | | | | 7 |

reported in Questions 18 or 19. (If no hospitalization reported go to Table P)

| Were any operations performed on you during this stay at the hospital?<br>If "Yes," ask:<br>a. What was the name of the operation?<br>b. Any other operations? | What is the name and address of the hospital you were in?<br>(Enter full name of hospital, street or highway on which it is located, city and State; if city not known, enter county.) | NOTE TO INTERVIEWER |
|---|---|---|
| (i)<br>Yes / If "Yes," name of operation, etc. / No | (j)<br>Name of hospital / Address | After Completing Table H go to Table P |
| | Street<br>City and State | |
| | Street<br>City and State | |
| | Street<br>City and State | |

USCOMM-DC

**TABLE C-2 FOR NON-SAMPLE PERSONS ONLY: Fill one line of**

| Line number | Col. No. of person (a) | Question No. (b) | Name of condition as reported in Questions 9-11 (c) | Did you EVER at any time talk to a doctor about . . . ? (d) | Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? -- did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (e-2) - (e-3) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else? (e-1) | Ask if the entry in Col. (e-1) is: An Impairment, or a Symptom. What was the cause of . . . ? (e-2) | Ask only if 6 years old or over and blindness, poor vision, or eye trouble of any kind. Can you see well enough to read ordinary newspaper print with glasses? (e-3) | Ask for any entry in Col. (e-1) or Col. (e-2) that includes the words: Allergy* Tumor, Asthma "Condition", Cyst "Disease", Stroke* "Trouble". What kind of . . . is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you? (e-4) |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 2 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 3 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 4 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 5 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 6 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 7 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 8 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 9 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 10 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |

GO TO FRONT OF QUESTIONNAIRE

FOOTNOTES

**Table C-2 for each condition reported for each Non-Sample Person**

| Ask only for: Impairments and injuries<br>And for:<br>Abscesses — Inflammation<br>Aches — Neuralgia<br>Bleeding — Neuritis<br>Blood Clot — Pains<br>Boils — Sores<br>Cancer — Soreness<br>Cyst — Tumor<br>Growth — Ulcers<br>Infection — Weakness<br>What part of the body is affected?<br>Show detail for:<br>Ear or eye - (one or both)<br>Head - (Skull, scalp, face)<br>Back - (Upper, middle, lower)<br>Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both)<br>Leg - (Hip, upper, knee, lower, ankle, foot; one or both)<br>(c-5) | If 6-16 years old ask:<br>How many days did . . . keep you from school last week or the week before?<br>Enter number of days or check "None" and skip to Col. (h)<br>(f) | | If 17 years old or more ask:<br>How many days did . . . keep you from your job or business last week or the week before?<br>Enter number of days or check "None" and ask Col. (h)<br>(g) | | During that 2 week period how many days did . . . keep you in bed all or most of the day?<br>If any "days" entered in Cols. (g) or (h) skip to Col. (k)<br>(k) | | Ask ONLY if "None" checked in columns (f) or (g) and (h):<br>LAST WEEK OR THE WEEK BEFORE did . . . cause you to cut down on the things you usually do?<br>If "Yes" checked ask Col. (j). If "No" skip to Col. (k)<br>(i) | | Ask only if "Yes" in column (i):<br>Did you have to cut down for as much as a day?<br>(j) | | When did you first notice . . . ?<br>(Check the first box which applies)<br>(k) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Days | None | Days | None | Days | None | Yes | No | Yes | No | |
| 1 | | | | | | | | | | | ☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ >12 months months |
| 2 | | | | | | | | | | | ☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ >12 months months |
| 3 | | | | | | | | | | | ☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ >12 months months |
| 4 | | | | | | | | | | | ☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ >12 months months |
| 5 | | | | | | | | | | | ☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ >12 months months |
| 6 | | | | | | | | | | | ☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ >12 months months |
| 7 | | | | | | | | | | | ☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ >12 months months |
| 8 | | | | | | | | | | | ☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ >12 months months |
| 9 | | | | | | | | | | | ☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ >12 months months |
| 10 | | | | | | | | | | | ☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ >12 months months |

| TABLE P | Name of Sample Person | |
|---|---|---|
| P-1. Have you ever been advised by a doctor to limit the amount or to avoid entirely certain kinds of food or beverages?<br>If "Yes," ask:<br>a. For what reason or condition?<br>b. Are you still following this advice? | ☐ Yes<br>☐ Yes | ☐ No<br>☐ No |
| P-2. At the present time are you regularly taking any medicine or treatment for any condition?<br>If "Yes," ask:<br>a. For what condition? | ☐ Yes | ☐ No |
| P-3. Do you have any condition which often causes you pain or discomfort?<br>If "Yes," ask:<br>a. What is the condition? | ☐ Yes | ☐ No |
| P-4. Do you have any health problem which is a source of worry to you or other members of your family?<br>If "Yes," ask:<br>a. What is the problem? | ☐ Yes | ☐ No |
| P-5. (For males): Are you limited in any way in the amount or kind of work you can do because of your health?<br>(For females): Are you limited in any way in the amount or kind of housework you can do because of your health?<br>If "Yes," ask:<br>a. What condition causes this? | ☐ Yes | ☐ No |
| P-6. In general, would you say your health is excellent, good, fair, or poor? | ☐ Excellent ☐ Good<br>☐ Fair ☐ Poor | |
| *HAND RESPONDENT CARD TO P-7 (FORM NHS-S-13-6)*<br>P-7. Listed on this card are several conditions. Please place an "X" opposite each condition which indicates how freely you think most other people would talk about each condition in an interview like this -- that is, if they or some other member of their family had the condition. | | |
| P-8. a. Did you work at any time during the past 2 weeks?<br>If "No," ask P-8-b and P-8-c:<br>b. Even though you did not work during that time do you have a job or business?<br>c. Were you looking for work or on layoff from a job? | ☐ Yes<br>☐ Yes<br>☐ Yes | ☐ No<br>☐ No<br>☐ No |
| P-9. What is the name and address of the doctor or clinic you usually go to for medical advice or treatment? YOUR OWN<br>a. During the past 12 months about how many times did you see or visit (doctor or clinic named)? FOR YOURself | Name and address<br>Number of times | |
| b. Besides (the doctor or clinic named above) did you see or visit any other doctor during the past 12 months? | ☐ Yes | ☐ No (Go to P-10) |
| If "Yes," ask: Who was this? *(Enter name and address)*<br>c. How many times did you see him during the past 12 months? | Name and address<br>Number of times | |
| d. Did you see any other doctors during the past 12 months? | ☐ Yes | ☐ No (Go to P-10) |
| If "Yes," ask: Who was this? *(Enter name and address)*<br>e. How many times did you see him during the past 12 months? | Name and address<br>Number of times | |
| P-10. In conjunction with this survey we sometimes need to obtain additional information from medical and hospital records. In case you are selected as one of those persons for whom we wish to obtain additional information will you please sign this form (present release - Form NHS-S-13-7) which allows us to consult your health records to obtain this information. | MEDICAL AUTHORIZATION FORM<br>☐ Signed _____<br>☐ Refused: *(Enter reason)* _____ | |
| *NOTE TO INTERVIEWER: If interview not yet completed for non-sample persons, go back to Question 9 (on inside of questionnaire) and ask Questions 9-11 for non-sample persons. Otherwise, go to front of questionnaire.* | | |

FORM NHS-S-13-2 (9-4-62)

# Version Two of Questionnaire

Form Approved: Budget Bureau No. 68-R620-P9.1

The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others for any other purposes (22 FR 1687).

FORM NHS-8-13-2 (9-1-62)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

## NATIONAL HEALTH SURVEY

1. Questionnaire _____ of _____ Questionnaires

2. ADDRESS
a. Address or description of location

b. Mailing address if not shown in (a): Include city and State

3. Assignment No.

4. Serial No.

5. Which of these income groups represents your total family income for the past 12 months, that is, your's, your-'s, etc? (Show Card H). Include income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc. — Group

6. What is the telephone number here? — Telephone No. — ☐ None

7. If sample person has not been interviewed but interview has been completed for other related members, ask:
As I mentioned earlier, in each household we ask some special questions about one person for himself only. In this case, it is _____(Sample person). What is the earliest time I would be able to see him (or her)?

(Enter best time to call). . . . . Date _____ Time _____

8. RECORD OF CALLS AT HOUSEHOLDS

| Item | | | 1 | Com. | 2 | Com. | 3 | Com. | 4 | Com. | 5 | Com. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Entire household | | Date | | | | | | | | | | |
| | | Time | | | | | | | | | | |
| Record of Callbacks for Sample Person | Col. No. SP | Date | | | | | | | | | | |
| | | Time | | | | | | | | | | |

9. REASON FOR NON-INTERVIEW

TYPE A
- ☐ Refusal
- ☐ No one at home - repeated calls
- ☐ Temporarily absent
- ☐ Other (Specify)

TYPE B
- ☐ (Specify, e.g., Sample family moved to _____; etc.)

TYPE Z
- ☐ Interview not obtained for Sample Person (SP):

(Specify reason)

10. Signature of interviewer

11. Code

FOOTNOTES

USCOMM-DC

| | | |
|---|---|---|
| 1. a. What is the name of the head of this household? (Enter name in appropriate column)<br>b. What are the names of all other persons who live here? (List all persons who live here)<br>c. Is there anyone else who lives/here who is now temporarily in a hospital? ☐ No ☐ Yes (List)<br>d. Away on business? ☐ No ☐ Yes (List)<br>e. On a visit? ☐ No ☐ Yes (List)<br>f. Is there anyone else staying here now? ☐ No ☐ Yes (List) | Last name (SP)<br>First name and initial | Last name (1)<br>First name and initial |
| 2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, etc.) | Relationship | Relationship |
| 3. How old were you on your last birthday? | Age ☐ Under 1 year | Age ☐ Under 1 year |
| 4. Race (Check one box for each person) | ☐ White ☐ Negro ☐ Other | ☐ White ☐ Negro ☐ Other |
| 5. Sex (Check one box for each person) | ☐ Male ☐ Female | ☐ Male ☐ Female |
| If 17 years old or over, ask:<br>6. Are you now married, widowed, divorced, separated, or never married? (Check one box for each person) | ☐ Under 17 years<br>☐ Married ☐ Separated<br>☐ Widowed ☐ Never Married<br>☐ Divorced | ☐ Under 17 years<br>☐ Married ☐ Separated<br>☐ Widowed ☐ Never Married<br>☐ Divorced |
| If 17 years old or over, ask:<br>7. a. What is the highest grade you attended in school? (Circle highest grade attended or check "None")<br>b. Did you finish the -- grade (year)? | ☐ Under 17 years (SP)<br>Elem: 1 2 3 4 5 6 7 8<br>High: 1 2 3 4<br>College: 1 2 3 4 5+<br>☐ None<br>☐ Yes ☐ No | ☐ Under 17 years (1)<br>Elem: 1 2 3 4 5 6 7 8<br>High: 1 2 3 4<br>College: 1 2 3 4 5+<br>☐ None<br>☐ Yes ☐ No |
| If 17 years old or over, ask:<br>8. a. What were you doing most of the past 12 months --<br>(For males): working or doing something else?<br>(For females): keeping house, working, or doing something else?<br>If "Something else" checked, and person is 45 years old or over, ask:<br>b. Are you retired? | ☐ Under 17 years<br>☐ Working<br>☐ Keeping house<br>☐ Something else<br>☐ Yes ☐ No | ☐ Under 17 years<br>☐ Working<br>☐ Keeping house<br>☐ Something else<br>☐ Yes ☐ No |
| NOTE: *Beginning with Question 9, you must interview the sample person for himself. Check the appropriate box and follow the indicated order of asking the questions.* | ☐ Sample Person home and available -- ask SAMPLE PERSON Q. 9-19<br>☐ Sample Person not at home or not available -- continue interview for | |
| 9. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended this past Sunday night.)<br>a. What was the matter?<br>b. Anything else? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 10. Last week or the week before did you take any medicine or treatment for any condition (besides . . . which you told me about)?<br>a. For what conditions?<br>b. Anything else? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 11. Last week or the week before did you have any accidents or injuries?<br>a. What were they?<br>b. Anything else? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 12. DURING THE PAST 12 MONTHS, have you seen or talked to a doctor about yourself?<br>If "Yes," ask:<br>a. For what conditions?<br>b. Any other conditions? | ☐ Yes ☐ No | |
| 13. Have you ever had to change your eating, drinking or smoking habits because of some health condition?<br>If "Yes," ask:<br>a. What condition caused this change?<br>Record ONLY if not previously recorded and ask:<br>b. Do you still have this condition? | ☐ Yes ☐ No<br>☐ Yes ☐ No (Delete) | |
| 14. Have you ever had to make any other change in your way of doing things because of some health condition?<br>If "Yes," ask:<br>a. What condition caused this change?<br>Record ONLY if not previously recorded and ask:<br>b. Do you still have this condition? | ☐ Yes ☐ No<br>☐ Yes ☐ No (Delete) | |
| 15. Have you ever had any other illness or injury which bothers you or affects you in any way?<br>a. What are the present effects? | ☐ Yes ☐ No | |
| Hand respondent conditions card with "A" side up and pencil, then say:<br>16. Have you EVER had any of the conditions listed on this card? Please check "Yes" or "No" for each one listed. | ☐ All No's<br>☐ Yes's (One or more) | |
| Ask respondent to turn card over (to "B" side), then say:<br>17. Have you had any of these conditions DURING THE PAST 12 MONTHS? Please check "Yes" or "No" for each one listed. | ☐ All No's<br>☐ Yes's (One or more) | |
| 18. a. Have you been in a hospital at any time during the past 12 months?<br>If "Yes," ask:<br>b. How many times were you in the hospital during that period? | ☐ Yes ☐ No<br>_____No. of times | |
| 19. a. Have you been a patient in a nursing home, rest home, or any similar place during the past 12 months?<br>If "Yes," ask:<br>b. How many times were you in a nursing home or rest home during that period? | ☐ Yes ☐ No<br>_____No. of times | |
| R — For non-sample persons 17 years old or over, show who responded for Q. 9-11. For persons under 17 show who responded for them. | ☐ Responded for self (SP) | ☐ Responded for self<br>Col. ___was respondent (1) |

| Last name (2) | Last name (3) | Last name (4) | Last name (5) |
|---|---|---|---|
| First name and initial | First name and initial | First name and initial | First name and initial |
| Relationship | Relationship | Relationship | Relationship |
| Age ☐ Under 1 year | Age ☐ Under 1 year | Age ☐ Under 1 year | Age ☐ Under 1 year |
| ☐ White ☐ Negro ☐ Other | ☐ White ☐ Negro ☐ Other | ☐ White ☐ Negro ☐ Other | ☐ White ☐ Negro ☐ Other |
| ☐ Male ☐ Female | ☐ Male ☐ Female | ☐ Male ☐ Female | ☐ Male ☐ Female |
| ☐ Under 17 years ☐ Married ☐ Separated ☐ Widowed ☐ Never ☐ Divorced Married | ☐ Under 17 years ☐ Married ☐ Separated ☐ Widowed ☐ Never ☐ Divorced Married | ☐ Under 17 years ☐ Married ☐ Separated ☐ Widowed ☐ Never ☐ Divorced Married | ☐ Under 17 years ☐ Married ☐ Separated ☐ Widowed ☐ Never ☐ Divorced Married |
| ☐ Under 17 years (2) Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None | ☐ Under 17 years (3) Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None | ☐ Under 17 years (4) Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None | ☐ Under 17 years (5) Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| ☐ Under 17 years ☐ Working ☐ Keeping house ☐ Something else | ☐ Under 17 years ☐ Working ☐ Keeping house ☐ Something else | ☐ Under 17 years ☐ Working ☐ Keeping house ☐ Something else | ☐ Under 17 years ☐ Working ☐ Keeping house ☐ Something else |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| and Tables C-1, H and P for himself. THEN ask Q. 9-11 and Table C-2 for non-sample persons. non-sample persons only. | | | |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |

FILL ITEM R. THEN FILL TABLE C-2 FOR CONDITIONS REPORTED FOR NON-SAMPLE PERSONS

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ☐ Responded for self Col. ___ was respondent (2) | ☐ Responded for self Col. ___ was respondent (3) | ☐ Responded for self Col. ___ was respondent (4) | ☐ Responded for self Col. ___ was respondent (5) |

**TABLE C-1 (For SP ONLY): Fill one line of Table C-1 for**

| Line number | Col. No. of person (a) | Question No. (b) | Name of condition as reported in Questions 9-17 (c) | Did you EVER at any time talk to a doctor about . . . ? (d) | Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? . . . did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (e-2) - (e-5) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else? (e-1) | Ask if the entry in Col. (e-1) is: An Impairment, or a Symptom. What was the cause of . . . ? (e-2) | Ask only if: 6 years old or over and blindness, poor vision, or eye trouble of any kind. Can you see well enough to read ordinary newspaper print with glasses? (e-3) | Ask for any entry in Col. (e-1) or Col. (e-2) that includes the words: Allergy* Tumor; Asthma "Condition"; Cyst "Disease"; Growth "Trouble"; Stroke*. What kind of . . . is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you? (e-4) |
|---|---|---|---|---|---|---|---|---|
| 1 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 2 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 3 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 4 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 5 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 6 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 7 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |

**TABLE H (For SP ONLY): Fill one line of Table H for each hospitalization**

| Line number | Col. No. of person (a) | Question No. (b) | You said that you were in the hospital (once, twice, etc.) during the past year -- When did you enter the hospital (the last time)? (Enter month, day and year; if exact date not known, obtain estimate.) (c) Month / Day / Year | How many nights were you in the hospital? (If exact number not known accept best estimate) (d) Nights | Complete from entries in Columns (c) and (d); or, show calendar and ask the questions -- How many of those - - nights were in the past 12 months? (e) Nights | How many of those - - nights were last week or the week before? (f) Nights / None | Were you still in the hospital on last Sunday night? (g) Yes / No | For what condition did you enter the hospital -- do you know the medical name? (If medical name not known, enter respondent's description) (Entry must show "Cause," "Kind," and "Part of body" in same detail as required in Table C-1) (h) |
|---|---|---|---|---|---|---|---|---|
| 1 | SP | | | | | | | |
| 2 | SP | | | | | | | |
| 3 | SP | | | | | | | |

FORM NHIS-1-1-3 (1-1-68)

each condition reported in Questions 9-17 for the Sample Person.

| Ask only for: Impairments and injuries<br>And for:<br>Abscesses, Aches, Bleeding, Blood Clot, Boils, Cancer, Cyst, Growth, Infection, Inflammation, Neuralgia, Neuritis, Pains, Sores, Soreness, Tumor, Ulcers, Weakness<br>What part of the body is affected?<br>Show detail for:<br>Ear or eye - (one or both)<br>Head - (Skull, scalp, face)<br>Back - (Upper, middle, lower)<br>Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both)<br>Leg - (Hip, upper, knee, lower, ankle, foot; one or both)<br>(e-5) | If 6-16 yrs. old ask:<br>How many days did ... keep you from school last week or the week before?<br>(f)<br>Days / None | How many days did ... keep you from your job or business last week or the week before?<br>Enter number of days, or check "None" and ask Col. (h)<br>(g)<br>Days / None | During that 2 week period how many days did ... keep you in bed all or most of the day?<br>If any "days" entered in Cols. (g) or (h) skip to Col.(k)<br>(h)<br>Days / None | Ask ONLY if "None" checked in Cols. (g) and (h):<br>LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on the things you usually do?<br>(i)<br>Yes / No | Ask ONLY if "Yes" in Col. (i):<br>Did you have to cut down for as much as a day?<br>(j)<br>Yes / No | When did you first notice ... ?<br>(Check the first box which applies)<br>(k)<br>☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ 3-12 months months | When did you last see or talk to a doctor about ... ?<br>Enter month and year if during past 12 months; otherwise check "before 12 months" or "never" box<br>(l)<br>M/Y_____<br>☐ B. 12 mo.<br>☐ Never | Ask only if doctor seen during the past 12 months:<br>During the past 12 months about how many times have you seen or talked to a doctor about ... ?<br>(m)<br>_____<br>No. of times | Line number |
|---|---|---|---|---|---|---|---|---|---|---|
| x | | | | | | | | | | 1 |
| x | | | | | | | | | | 2 |
| x | DOES NOT | | | | | | | | | 3 |
| x | APPLY | | | | | | | | | 4 |
| x | | | | | | | | | | 5 |
| x | | | | | | | | | | 6 |
| x | | | | | | | | | | 7 |

reported in Questions 18 or 19. (If no hospitalization reported go to Table P)

| Were any operations performed on you during this stay at the hospital?<br>If "Yes," ask:<br>a. What was the name of the operation?<br>b. Any other operations?<br>(i)<br>Yes / If "Yes," name of operation, etc. / No | What is the name and address of the hospital you were in?<br>(Enter full name of hospital, street or highway on which it is located, city and State; if city not known, enter county.)<br>(j)<br>Name of hospital / Address | NOTE TO INTERVIEWER |
|---|---|---|
| a. | Street<br>City and State | After Completing Table H go to Table P |
| b. | Street<br>City and State | |
| | Street<br>City and State | |

USCOMM-DC

**TABLE C-2 FOR NON-SAMPLE PERSONS ONLY: Fill one line of Table C-2**

| Line number | Col. No. of person (a) | Question No. (b) | Name of condition as reported in Questions 9-11 (c) | Did you EVER at any time talk to a doctor about . . . ? (d) | Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? -- did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (e-2) - (e-5) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else? (e-1) | Ask if the entry in Col. (e-1) is: An Impairment, or a Symptom. What was the cause of . . . ? (e-2) | Ask only if: 6 years old or over and blindness, poor vision, or eye trouble of any kind. Can you see well enough to read ordinary newspaper print with glasses? (e-3) | Ask for any entry in Col. (e-1) or Col. (e-2) that includes the words: Allergy* Tumor, Asthma "Condition", Cyst "Disease", Stroke* "Trouble". What kind of. . . is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you? (e-4) |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 2 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 3 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 4 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 5 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 6 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 7 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 8 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 9 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 10 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |

GO TO FRONT OF QUESTIONNAIRE

FOOTNOTES

for each condition reported for each Non-Sample Person

| Ask only for: Impairments and injuries<br>And for: Abscesses, Aches, Bleeding, Blood Clot, Boils, Cancer, Cyst, Growth, Infection, Inflammation, Neuralgia, Neuritis, Pains, Sores, Soreness, Tumor, Ulcers, Weakness<br>What part of the body is affected?<br>Show detail for: Ear or eye - (one or both); Head - (Skull, scalp, face); Back - (Upper, middle, lower); Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both); Leg - (Hip, upper, knee, lower, ankle, foot; one or both) | If 6-16 years old ask:<br>How many days did . . . keep you from school last week or the week before?<br>Enter number of days or check "None" and skip to Col. (h) | If 17 years old or more ask:<br>How many days did . . . keep you from your job or business last week or the week before?<br>Enter number of days or check "None" and ask Col. (h) | During that 2 week period how many days did . . . keep you in bed all or most of the day?<br>If any "days" entered in Cols. (g) or (h) skip to Col. (k) | Ask ONLY if "None" checked in columns (f) or (g) and (h):<br>LAST WEEK OR THE WEEK BEFORE did . . . cause you to cut down on the things you usually do?<br>If "Yes" checked ask Col. (j). If "No" skip to Col. (k) | Ask only if "Yes" in column (i):<br>Did you have to cut down for as much as a day? | When did you first notice . . . ?<br>(Check the first box which applies) |
|---|---|---|---|---|---|---|
| (e-5) | (f) | (g) | (h) | (i) | (j) | (k) |
| | Days / None | Days / None | Days / None | Yes / No | Yes / No | |
| 1 | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| 2 | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| 3 | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| 4 | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| 5 | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| 6 | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| 7 | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| 8 | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| 9 | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| 10 | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |

| TABLE P | Name of Sample Person |
|---|---|
| P-1. *(Does not apply)* | |
| P-2. At the present time are you regularly taking any medicine or treatment for any condition?<br>If "Yes," ask:<br>a. For what condition? | ☐ Yes ☐ No |
| P-3. Do you have any condition which often causes you pain or discomfort?<br>If "Yes," ask:<br>a. What is the condition? | ☐ Yes ☐ No |
| P-4. Do you have any health problem which is a source of worry to you or other members of your family?<br>If "Yes," ask:<br>a. What is the problem? | ☐ Yes ☐ No |
| P-5. *(Does not apply)* | |
| P-6. In general, would you say your health is excellent, good, fair, or poor? | ☐ Excellent ☐ Good<br>☐ Fair ☐ Poor |
| *HAND RESPONDENT CARD TO P-7 (FORM NHS-S-13-6)*<br>P-7. Listed on this card are several conditions. Please place an "X" opposite each condition which indicates how freely you think most other people would talk about each condition in an interview like this -- that is, if they or some other member of their family had the condition. | |
| P-8. a. Did you work at any time during the past 2 weeks?<br>If "No," ask P-8-b and P-8-c:<br>b. Even though you did not work during that time do you have a job or business?<br>c. Were you looking for work or on layoff from a job? | ☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No |
| P-9. What is the name and address of the doctor or clinic you usually go to for YOUR OWN medical advice or treatment? | Name and address<br>Number of times |
| a. During the past 12 months about how many times did you see or visit (doctor or clinic named)? FOR YOURSELF | |
| b. Besides (the doctor or clinic named above) did you see or visit any other doctor during the past 12 months? | ☐ Yes ☐ No *(Go to P-10)* |
| If "Yes," ask: Who was this? *(Enter name and address)* | Name and address<br>Number of times |
| c. How many times did you see him during the past 12 months? | |
| d. Did you see any other doctors during the past 12 months? | ☐ Yes ☐ No *(Go to P-10)* |
| If "Yes," ask: Who was this? *(Enter name and address)* | Name and address<br>Number of times |
| e. How many times did you see him during the past 12 months? | |
| P-10. In conjunction with this survey we sometimes need to obtain additional information from medical and hospital records. In case you are selected as one of those persons for whom we wish to obtain additional information will you please sign this form (present release - Form NHS-S-13-7) which allows us to consult your health records to obtain this information. | MEDICAL AUTHORIZATION FORM<br>☐ Signed_____<br>☐ Refused: *(Enter reason)*_____ |
| *NOTE TO INTERVIEWER: If interview not yet completed for non-sample persons, go back to Question 9 (on inside of questionnaire) and ask Questions 9-11 for non-sample persons. Otherwise, go to front of questionnaire.* | |

FORM NHS-S-13-5 (5-6-63)

# Version Three of Questionnaire

Form Approved: Budget Bureau No. 68-R620-P9.1

The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat. 489; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey and will not be disclosed or released to others for any other purposes (22 FR 1687).

FORM NHS-S-13-3 (5-6-62)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

## NATIONAL HEALTH SURVEY

1. Questionnaire _____ of _____ Questionnaires

2. ADDRESS
   a. Address or description of location
   b. Mailing address if not shown in (a): Include city and State

3. Assignment No.

4. Serial No.

5. Which of these income groups represents your total family income for the past 12 months, that is, your's, your-'s, etc? (Show Card H). Include income from all sources, such as wages, salaries, rents from property, pensions, help from relatives, etc. — Group

6. What is the telephone number here? — Telephone No. ☐ None

7. If sample person has not been interviewed but interview has been completed for other related members, ask: As I mentioned earlier, in each household we ask some special questions about one person for himself only. In this case, it is _____(Sample person). What is the earliest time I would be able to see him (or her)?

(Enter best time to call). . . . . Date _____ Time _____

8. RECORD OF CALLS AT HOUSEHOLDS

| Item | | | 1 | Com. | 2 | Com. | 3 | Com. | 4 | Com. | 5 | Com. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Entire household | | Date | | | | | | | | | | |
| | | Time | | | | | | | | | | |
| Record of Callbacks for Sample Person | Col. No. SP | Date | | | | | | | | | | |
| | | Time | | | | | | | | | | |

9. REASON FOR NON-INTERVIEW

TYPE A
- ☐ Refusal
- ☐ No one at home - repeated calls
- ☐ Temporarily absent
- ☐ Other (Specify) _____

TYPE B
- ☐ (Specify, e.g., Sample family moved to _____; etc.) _____

TYPE Z
- ☐ Interview not obtained for Sample Person (SP): (Specify reason) _____

10. Signature of interviewer

11. Code

FOOTNOTES

USCOMM-DC

| | | |
|---|---|---|
| 1. a. What is the name of the head of this household? (Enter name in appropriate column)<br>b. What are the names of all other persons who live here? (List all persons who live here)<br>c. Is there anyone else who lives here who is now temporarily in a hospital? ☐ No ☐ Yes (List)<br>d. Away on business? ☐ No ☐ Yes (List)<br>e. On a visit? ☐ No ☐ Yes (List)<br>f. Is there anyone else staying here now? ☐ No ☐ Yes (List) | Last name (SP)<br>First name and initial | Last name (1)<br>First name and initial |
| 2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, etc.) | Relationship | Relationship |
| 3. How old were you on your last birthday? | Age ☐ Under 1 year | Age ☐ Under 1 year |
| 4. Race (Check one box for each person) | ☐ White ☐ Negro ☐ Other | ☐ White ☐ Negro ☐ Other |
| 5. Sex (Check one box for each person) | ☐ Male ☐ Female | ☐ Male ☐ Female |
| If 17 years old or over, ask:<br>6. Are you now married, widowed, divorced, separated, or never married? (Check one box for each person) | ☐ Under 17 years<br>☐ Married ☐ Separated<br>☐ Widowed ☐ Never Married<br>☐ Divorced | ☐ Under 17 years<br>☐ Married ☐ Separated<br>☐ Widowed ☐ Never Married<br>☐ Divorced |
| If 17 years old or over, ask:<br>7. a. What is the highest grade you attended in school? (Circle highest grade attended or check "None")<br>b. Did you finish the -- grade (year)? | ☐ Under 17 years (SP)<br>Elem: 1 2 3 4 5 6 7 8<br>High: 1 2 3 4<br>College: 1 2 3 4 5+<br>☐ None<br>☐ Yes ☐ No | ☐ Under 17 years (1)<br>Elem: 1 2 3 4 5 6 7 8<br>High: 1 2 3 4<br>College: 1 2 3 4 5+<br>☐ None<br>☐ Yes ☐ No |
| If 17 years old or over, ask:<br>8. a. What were you doing most of the past 12 months -- (For males): working or doing something else? (For females): keeping house, working, or doing something else?<br>If "Something else" checked, and person is 45 years old or over, ask:<br>b. Are you retired? | ☐ Under 17 years<br>☐ Working<br>☐ Keeping house<br>☐ Something else<br>☐ Yes ☐ No | ☐ Under 17 years<br>☐ Working<br>☐ Keeping house<br>☐ Something else<br>☐ Yes ☐ No |
| *NOTE: Beginning with Question 9, you must interview the sample person for himself. Check the appropriate box and follow the indicated order of asking the questions.* | ☐ Sample Person home and available -- ask SAMPLE PERSON Q. 9-19<br>☐ Sample Person not at home or not available -- continue interview for | |
| 9. Were you sick at any time LAST WEEK OR THE WEEK BEFORE? (That is, the 2-week period which ended this past Sunday night.)<br>a. What was the matter?<br>b. Anything else? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 10. Last week or the week before did you take any medicine or treatment for any condition (besides . . . which you told me about)?<br>a. For what conditions?<br>b. Anything else? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 11. Last week or the week before did you have any accidents or injuries?<br>a. What were they?<br>b. Anything else? | ☐ Yes ☐ No | ☐ Yes ☐ No |
| 12. Did you ever have an (any other) accident or injury that still bothers you or affects you in any way?<br>a. In what way does it bother you? (Record present effects)<br>b. Anything else? | ☐ Yes ☐ No | |
| Hand respondent conditions card with "A" side up and pencil, then say:<br>13. Have you EVER had any of the conditions listed on this card? Please check "Yes" or "No" for each one listed. | ☐ All No's<br>☐ Yes's (One or more) | |
| Ask respondent to turn card over (to "B" side), then say:<br>14. Have you had any of these conditions DURING THE PAST 12 MONTHS? Please check "Yes" or "No" for each one listed. | ☐ All No's<br>☐ Yes's (One or more) | |
| 15. At the present time do you have any other ailments, conditions, or problems with your health -- besides any you may have checked on the card or any that you told me about?<br>a. What is the condition? (Record condition itself if still present; otherwise record present effects)<br>b. Any other problems with your health? | ☐ Yes ☐ No | |
| 16. a. Have you been in a hospital at any time during the past 12 months?<br>If "Yes," ask:<br>b. How many times were you in the hospital during that period? | ☐ Yes ☐ No<br>_____ No. of times | |
| 19. a. Have you been a patient in a nursing home, rest home, or any similar place during the past 12 months?<br>If "Yes," ask:<br>b. How many times were you in a nursing home or rest home during that period? | ☐ Yes ☐ No<br>_____ No. of times | |
| R — For non-sample persons 17 years old or over, show who responded for Q. 9-11. For persons under 17 show who responded for them. | ☐ Responded for self (SP) | ☐ Responded for self<br>Col. ____ was respondent (1) |

| Last name (2) | Last name (3) | Last name (4) | Last name (5) |
|---|---|---|---|
| First name and initial | First name and initial | First name and initial | First name and initial |
| Relationship | Relationship | Relationship | Relationship |
| Age ☐ Under 1 year | Age ☐ Under 1 year | Age ☐ Under 1 year | Age ☐ Under 1 year |
| ☐ White ☐ Negro ☐ Other | ☐ White ☐ Negro ☐ Other | ☐ White ☐ Negro ☐ Other | ☐ White ☐ Negro ☐ Other |
| ☐ Male ☐ Female | ☐ Male ☐ Female | ☐ Male ☐ Female | ☐ Male ☐ Female |
| ☐ Under 17 years ☐ Married ☐ Separated ☐ Widowed ☐ Never ☐ Divorced Married | ☐ Under 17 years ☐ Married ☐ Separated ☐ Widowed ☐ Never ☐ Divorced Married | ☐ Under 17 years ☐ Married ☐ Separated ☐ Widowed ☐ Never ☐ Divorced Married | ☐ Under 17 years ☐ Married ☐ Separated ☐ Widowed ☐ Never ☐ Divorced Married |
| ☐ Under 17 years (2) Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None ☐ Yes ☐ No | ☐ Under 17 years (3) Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None ☐ Yes ☐ No | ☐ Under 17 years (4) Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None ☐ Yes ☐ No | ☐ Under 17 years (5) Elem: 1 2 3 4 5 6 7 8 High: 1 2 3 4 College: 1 2 3 4 5+ ☐ None ☐ Yes ☐ No |
| ☐ Under 17 years ☐ Working ☐ Keeping house ☐ Something else | ☐ Under 17 years ☐ Working ☐ Keeping house ☐ Something else | ☐ Under 17 years ☐ Working ☐ Keeping house ☐ Something else | ☐ Under 17 years ☐ Working ☐ Keeping house ☐ Something else |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| and Tables C-1, H and P for himself. THEN ask Q. 9-11 and Table C-2 for non-sample persons. non-sample persons only. | | | |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No |
| FILL ITEM R. THEN FILL TABLE C-2 FOR CONDITIONS REPORTED FOR NON-SAMPLE PERSONS | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ☐ Responded for self Col. ___ was respondent (2) | ☐ Responded for self Col. ___ was respondent (3) | ☐ Responded for self Col. ___ was respondent (4) | ☐ Responded for self Col. ___ was respondent (5) |

**TABLE C-1 (For SP ONLY): Fill one line of Table C-1 for each**

| Line number | Col. No. of person (a) | Question No. (b) | Name of condition as reported in Questions 9-17 (c) | Did you EVER or any time talk to a doctor about . . . ? (d) | Ask for all illnesses and present effects of old injuries: (a) If doctor talked to: What did the doctor say it was? . . . did he give it a medical name? (b) If doctor not talked to: Record original entry and ask: (c-2) - (c-3) as required. Ask for all injuries during past 2 weeks: What part of the body was hurt? What kind of injury was it? Anything else? (c-1) | Ask if the entry in Col. (c-1) is: An Impairment, or a Symptom. What was the cause of . . . ? (c-2) | Ask only if: 6 years old or over and blindness, poor vision, or eye trouble of any kind. Can you see well enough to read ordinary newspaper print with glasses? (c-3) | Ask for any entry in Col. (c-1) or Col. (c-2) that includes the words: Allergy* Tumor; Asthma "Condition"; Cyst "Disease"; Growth "Trouble"; Stroke*. What kind of . . . is it? *For an allergy or stroke ask: How does the allergy (stroke) affect you? (c-4) |
|---|---|---|---|---|---|---|---|---|
| 1 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 2 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 3 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 4 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 5 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 6 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 7 | SP | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |

**TABLE H (For SP ONLY): Fill one line of Table H for each hospitalization reported**

| Line number | Col. No. of person (a) | Question No. (b) | You said that you were in the hospital (once, twice, etc.) during the past year -- When did you enter the hospital (the last time)? (Enter month, day and year; if exact date not known, obtain estimate.) (c) Month / Day / Year | How many nights were you in the hospital? (If exact number not known accept best estimate) (d) Nights | Complete from entries in Columns (c) and (d); or, show as header and ask the questions -- How many of these . . nights were in the past 12 months? (e) Nights | How many of these . . nights were last week or the week before? (f) Nights / None | Were you still in the hospital on last Sunday night? (g) Yes / No | For what condition did you enter the hospital -- do you know the medical name? (If medical name not known, enter respondent's description) (Entry must show "Cause," "Kind," and "Part of body" in same detail as required in Table C-1) (h) |
|---|---|---|---|---|---|---|---|---|
| 1 | SP | | | | | | | |
| 2 | SP | | | | | | | |
| 3 | SP | | | | | | | |

condition reported in Questions 9-17 for the Sample Person.

| Ask only for: Impairments and injuries<br>And for:<br>Abscesses, Aches, Bleeding, Blood Clot, Boils, Cancer, Cyst, Growth, Infection, Inflammation, Neuralgia, Neuritis, Pains, Sores, Soreness, Tumor, Ulcers, Weakness<br>What part of the body is affected?<br>Show detail for:<br>Ear or eye - (one or both)<br>Head - (Skull, scalp, face)<br>Back - (Upper, middle, lower)<br>Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both)<br>Leg - (Hip, upper, knee, lower, ankle, foot; one or both)<br>(a-5) | If 6-16 yrs. old ask:<br>How many days did ... keep you from school last week or the week before?<br>(f)<br>Days / None | How many days did ... keep you from your job or business last week or the week before?<br>Enter number of days, or check "None" and ask Col. (h)<br>(g)<br>Days / None | During that 2 week period how many days did ... keep you in bed all or most of the day?<br>If any "days" entered in Cols. (g) or (h) skip to Col. (k)<br>(h)<br>Days / None | Ask ONLY if "None" checked in Cols. (g) and (h):<br>LAST WEEK OR THE WEEK BEFORE did ... cause you to cut down on the things you usually do?<br>(i)<br>Yes / No | Ask ONLY if "Yes" in Col. (i):<br>Did you have to cut down for as much as a day?<br>(j)<br>Yes / No | When did you first notice ... ?<br>(Check the first box which applies)<br>(k)<br>☐ last 2 wks. ☐ before<br>☐ 2 wks.-3 mo. 12<br>☐ 3-12 months months | When did you last see or talk to a doctor about ... ?<br>Enter month and year if during past 12 months; otherwise check "before 12 months" or "never" box<br>(l)<br>M/Y_____<br>☐ B. 12 mo.<br>☐ Never | Ask only if doctor seen during the past 12 months:<br>During the past 12 months about how many times have you seen or talked to a doctor about ... ?<br>(m)<br>_____<br>No. of times | Line number |
|---|---|---|---|---|---|---|---|---|---|
| a | | | | | | | | | 1 |
| a | | | | | | | | | 2 |
| a | DOES / NOT | | | | | | | | 3 |
| a | APPLY | | | | | | | | 4 |
| a | | | | | | | | | 5 |
| a | | | | | | | | | 6 |
| a | | | | | | | | | 7 |

in Questions 18 or 19. (If no hospitalization reported go to Table P)

| Were any operations performed on you during this stay at the hospital?<br>If "Yes," ask:<br>a. What was the name of the operation?<br>b. Any other operations?<br>(i)<br>Yes / If "Yes," name of operation, etc. | No | What is the name and address of the hospital you were in?<br>(Enter full name of hospital, street or highway on which it is located, city and State; if city not known, enter county.)<br>(j)<br>Name of hospital | Address | NOTE TO INTERVIEWER |
|---|---|---|---|---|
| | | | Street<br>City and State | After Completing Table H go to Table P |
| | | | Street<br>City and State | |
| | | | Street<br>City and State | |

USCOMM-DC

**TABLE C-2 FOR NON-SAMPLE PERSONS ONLY:** Fill one line of Table C-2

| Line number | Col. No. of person (a) | Question No. (b) | Name of condition as reported in Questions 9-11 (c) | Did you EVER at any time talk to a doctor about . . . ? (d) | Ask for all illnesses and present effects of old injuries:<br>(a) If doctor talked to:<br>What did the doctor say it was? -- did he give it a medical name?<br>(b) If doctor not talked to: Record original entry and ask: (e-2) - (e-5) as required.<br>Ask for all injuries during past 2 weeks:<br>What part of the body was hurt?<br>What kind of injury was it?<br>Anything else? (e-1) | Ask if the entry in Col. (e-1) is:<br>An Impairment,<br>or<br>a Symptom<br>What was the cause of . . . ? (e-2) | Ask only if 6 years old or over and blindness, poor vision, or eye trouble of any kind.<br>Can you see well enough to read ordinary newspaper print with glasses? (e-3) | Ask for any entry in Col. (e-1) or Col. (e-2) that includes the words:<br>Allergy* Tumor<br>Asthma "Condition"<br>Cyst "Disease"<br>Stroke* "Trouble"<br>What kind of . . . is it?<br>*For an allergy or stroke ask:<br>How does the allergy (stroke) affect you? (e-4) |
|---|---|---|---|---|---|---|---|---|
| 1 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 2 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 3 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 4 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 5 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 6 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 7 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 8 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 9 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |
| 10 | | | | ☐ Yes ☐ No | | | ☐ Yes ☐ No | |

GO TO FRONT OF QUESTIONNAIRE

**FOOTNOTES**

for each condition reported for each Non-Sample Person

| Ask only for: Impairments and injuries<br>And for:<br>Abscesses, Aches, Bleeding, Blood Clot, Boils, Cancer, Cyst, Growth, Infection, Inflammation, Neuralgia, Neuritis, Pains, Sores, Soreness, Tumor, Ulcers, Weakness<br>What part of the body is affected?<br>Show detail for:<br>Ear or eye - (one or both)<br>Head - (Skull, scalp, face)<br>Back - (Upper, middle, lower)<br>Arm - (Shoulder, upper, elbow, lower, wrist, hand; one or both)<br>Leg - (Hip, upper, knee, lower, ankle, foot; one or both)<br>(e-5) | If 6-16 years old ask:<br>How many days did . . . keep you from school last week or the week before?<br>Enter number of days or check "None" and skip to Col. (h)<br>(f) | | If 17 years old or more ask:<br>How many days did . . . keep you from your job or business last week or the week before?<br>Enter number of days or check "None" and ask Col. (h)<br>(g) | | During that 2 week period how many days did . . . keep you in bed all or most of the day?<br>If any "days" entered in Cols. (g) or (h) skip to Col. (k)<br>(h) | | Ask ONLY if "None" checked in columns (f) or (g) and (h):<br>LAST WEEK OR THE WEEK BEFORE did . . . cause you to cut down on the things you usually do?<br>If "Yes" checked ask Col. (j). If "No" skip to Col. (k)<br>(i) | | Ask only if "Yes" in column (i):<br>Did you have to cut down for as much as a day?<br>(j) | | When did you first notice . . . ?<br>(Check the first box which applies)<br>(k) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Days | None | Days | None | Days | None | Yes | No | Yes | No | |
| x | | | | | | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| x | | | | | | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| x | | | | | | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| x | | | | | | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| x | | | | | | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| x | | | | | | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| x | | | | | | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| x | | | | | | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| x | | | | | | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |
| x | | | | | | | | | | | ☐ last 2 wks. ☐ before 2 wks.-3 mo. 12 ☐ 3-12 months months |

| TABLE P | Name of Sample Person |
|---|---|
| P-1. Have you ever been advised by a doctor to limit the amount or to avoid entirely certain kinds of food or beverages?<br>If "Yes," ask:<br>a. For what reason or condition?<br>b. Are you still following this advice? | ☐ Yes ☐ No<br>☐ Yes ☐ No |
| P-2. At the present time are you regularly taking any medicine or treatment for any condition?<br>If "Yes," ask:<br>a. For what condition? | ☐ Yes ☐ No |
| P-3. Do you have any condition which often causes you pain or discomfort?<br>If "Yes," ask:<br>a. What is the condition? | ☐ Yes ☐ No |
| P-4. Do you have any health problem which is a source of worry to you or other members of your family?<br>If "Yes," ask:<br>a. What is the problem? | ☐ Yes ☐ No |
| P-5. (For males): Are you limited in any way in the amount or kind of work you can do because of your health?<br>(For females): Are you limited in any way in the amount or kind of housework you can do because of your health?<br>If "Yes," ask:<br>a. What condition causes this? | ☐ Yes ☐ No |
| P-6. In general, would you say your health is excellent, good, fair, or poor? | ☐ Excellent ☐ Good<br>☐ Fair ☐ Poor |
| *HAND RESPONDENT CARD TO P-7 (FORM NHS-S-13-6)*<br>P-7. Listed on this card are several conditions. Please place an "X" opposite each condition which indicates how freely you think most other people would talk about each condition in an interview like this – that is, if they or some other member of their family had the condition. | |
| P-8. a. Did you work at any time during the past 2 weeks?<br>If "No," ask P-8-b and P-8-c:<br>b. Even though you did not work during that time do you have a job or business?<br>c. Were you looking for work or on layoff from a job? | ☐ Yes ☐ No<br>☐ Yes ☐ No<br>☐ Yes ☐ No |
| P-9. What is the name and address of the doctor or clinic you usually go to for YOUR OWN medical advice or treatment? | Name and address |
| a. During the past 12 months about how many times did you see or visit (doctor or clinic named)? for yourself | Number of times |
| b. Besides (the doctor or clinic named above) did you see or visit any other doctor during the past 12 months? | ☐ Yes ☐ No (Go to P-10) |
| If "Yes," ask: Who was this? *(Enter name and address)* | Name and address |
| c. How many times did you see him during the past 12 months? | Number of times |
| d. Did you see any other doctors during the past 12 months? | ☐ Yes ☐ No (Go to P-10) |
| If "Yes," ask: Who was this? *(Enter name and address)* | Name and address |
| e. How many times did you see him during the past 12 months? | Number of times |
| P-10. In conjunction with this survey we sometimes need to obtain additional information from medical and hospital records. In case you are selected as one of those persons for whom we wish to obtain additional information will you please sign this form (present release - Form NHS-S-13-7) which allows us to consult your health records to obtain this information. | MEDICAL AUTHORIZATION FORM<br>☐ Signed _____<br>☐ Refused (Enter reason) _____ |
| *NOTE TO INTERVIEWER: If interview not yet completed for non-sample persons, go back to Question 9 (on inside of questionnaire) and ask Questions 9-11 for non-sample persons. Otherwise, go to front of questionnaire.* | |

FORM NHS-S-13-5 (5-4-62)

# Physician Visit Record

PHS 5723
Rev. 9-63

**PHYSICIAN VISIT RECORD — NATIONAL HEALTH SURVEY**

Form Approved
Budget Bureau No. 68-S6S0-S3

Monitor. If Possible, Complete Question A Before Patient Is Seen By Doctor

A. _____ (Patient's Last Name) _____ (First Name) _____ (Medical Record Number)

_____ (Doctor's Name) _____ (Clinic)

**DOCTOR: Complete One Column of Questions 1 through 8 for:**
**—Each Separate Diagnosis (Condition) or Impression (I.E., Diabetes, Hypertension, etc.) and**
**—Each Separate Symptom (Joint Pain, Skin Rash, etc.) Not a Part of Diagnosis (Condition) or Impression,**
**Provided That the Diagnosis (Condition), Impression, or Symptom Was Considered, Noted in Record, or Mentioned Today By Either You or the Patient.**
**If More Than 2 Columns Are Needed, Use the Continuation Sheet**

If There Is No Diagnosis (Condition), Impression, or Symptom for the Patient, Check ☐ and Print Reason for This Visit. _____ Then, Skip to Question 9.

| | Column 1 — Print Medical Term | Column 2 — Print Medical Term |
|---|---|---|
| (1). PRINT name of diagnosis (condition), impression or symptom (medical terms if possible) | | |
| (2). Was the diagnosis (condition), impression, or symptom mentioned by you today? | YES ☐ 1 NO ☐ 2 | YES ☐ 1 NO ☐ 2 |
| If yes, PRINT term used → | Print term used | Print term used |
| (3). Was the diagnosis (condition), impression, or symptom mentioned by the patient today? | YES ☐ 1 NO ☐ 2 | YES ☐ 1 NO ☐ 2 |
| If yes, PRINT term used → | Print term used | Print term used |
| (4). When do you think the patient first became aware of the diagnosis (condition), impression or symptom specified in Question 1? | Check one box | Check one box |
| a. Over 3 months ago | a. ☐ 1 | a. ☐ 1 |
| b. During past 3 months but before today | b. ☐ 2 | b. ☐ 2 |
| c. Today | c. ☐ 3 | c. ☐ 3 |
| d. [redacted] Other | d. ☐ 4 | d. ☐ 4 |
| (5). How much emphasis did you give today to the diagnosis (condition), impression, or symptom specified in Question 1? | ☐ 1 Made a point of it<br>☐ 2 Played it down<br>☐ 3 Neither of these | ☐ 1 Made a point of it<br>☐ 2 Played it down<br>☐ 3 Neither of these |
| (6). At some time during the past week was this diagnosis (condition), impression, or symptom associated with | Check one box in each line: YES / NO / DON'T KNOW | Check one box in each line: YES / NO / DON'T KNOW |
| a. Marked or moderate pain | a. ☐ 1 ☐ 2 ☐ 3 | a. ☐ 1 ☐ 2 ☐ 3 |
| b. Marked or moderate emotional stress | b. ☐ 1 ☐ 2 ☐ 3 | b. ☐ 1 ☐ 2 ☐ 3 |
| c. One or more days in bed | c. ☐ 1 ☐ 2 ☐ 3 | c. ☐ 1 ☐ 2 ☐ 3 |
| d. Other change in activity | d. ☐ 1 ☐ 2 ☐ 3 | d. ☐ 1 ☐ 2 ☐ 3 |
| e. Other trouble (PRINT) → | e. | e. |
| (7). Action taken today related to the diagnosis (condition), impression, or symptom specified in Question 1. (Do not enter actions taken ONLY for purpose of a routine physical examination.) | ☐ No action taken today<br>Check applicable boxes | ☐ No action taken today<br>Check applicable boxes |
| Action | Ordered or performed / Mentioned, but not ordered or performed | Ordered or performed / Mentioned, but not ordered or performed |
| a. Medication | 69 a. ☐ ☐ | 69 a. ☐ ☐ |
| b. Laboratory tests | 70 b. ☐ ☐ | 70 b. ☐ ☐ |
| c. X-ray examination | 71 c. ☐ ☐ | 71 c. ☐ ☐ |
| d. Future visit to you | 72 d. ☐ ☐ | 72 d. ☐ ☐ |
| e. Referral to other M.D. | 73 e. ☐ ☐ | 73 e. ☐ ☐ |
| f. Future hospitalization | 74 f. ☐ ☐ | 74 f. ☐ ☐ |
| g. Future surgery | 75 g. ☐ ☐ | 75 g. ☐ ☐ |
| h. Change in diet or drink | 76 h. ☐ ☐ | 76 h. ☐ ☐ |
| i. Change in smoking | 77 i. ☐ ☐ | 77 i. ☐ ☐ |
| j. Bed rest | 78 j. ☐ ☐ | 78 j. ☐ ☐ |
| k. Other change in activity | 79 k. ☐ ☐ | 79 k. ☐ ☐ |
| l. Other action (PRINT) → | 80 | 80 |

(8). Doctor's Signature _____ Date of Visit _____ (Month / Day / Year)

Date form completed if different from above _____ (Month / Day / Year)

## Sample of Completed Physician Visits Record Summary

NATIONAL HEALTH SURVEY PHYSICIAN VISIT RECORD

M.D. A CARD

CODE H LOC. DATE RET. DIAG. NO. ANSWERS

BORN /98' SEX M' 9 VISITS IN 1960 SURVEY

525 04 12-18-1 1 0 OF 0 1 REFERRED BY COLLEGE OF OPTOMETRY
2 9 NONE
3 9 NONE
Q. 4-7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
A B C D E A B C D E F G H I J K L

210 01 02-05-2 0 1 OF 1 1 ANGINAL SYNDROME
2 1 CHEST PAIN
3 1 CHEST PAIN
Q. 4-7 1 1 1 3 3 3 9 9 1 9 9 1 9 9 9 1 1 1 9 9
A B C D E A B C D E F G H I J K L

210 01 03-30-2 0 1 OF 1 1 ANGINAL SYNDROME
2 1 ANGINA
3 1 CHEST PAIN
Q. 4-7 1 3 1 3 2 2 9 9 1 1 9 1 9 9 9 9 9 9 1 9
A B C D E A B C D E F G H I J K L

210 01 05-03-2 0 1 OF 1 1 ANGINAL SYNDROME
2 2 NONE
3 1 CHEST PAIN
Q. 4-7 1 2 1 2 2 2 9 9 1 9 9 1 9 9 9 9 9 9 1 9
A B C D E A B C D E F G H I J K L

210 01 06-14-2 0 1 OF 1 1 ANGINAL SYNDROME
2 1 ANGINA
3 1 CHEST PAIN
Q. 4-7 2 3 2 2 2 2 9 9 1 9 9 1 9 9 9 9 1 9 9 9
A B C D E A B C D E F G H I J K L

210 03 07-30-2 0 1 OF 2 1 ARTERIO SCLEROTIC HEART DISEASE ANGINAL SYNDROME
2 1 CHEST PAIN
3 1 ANGINA
Q. 4-7 1 3 1 1 2 2 9 9 1 9 9 1 9 9 9 9 1 9 9 9
A B C D E A B C D E F G H I J K L

210 03 07-30-2 0 2 OF 2 1 OSTEOARTHRITIS LUMBAR SPINE
2 2 NONE
3 2 NONE
Q. 4-7 1 3 2 2 2 2 9 9 9 9 9 1 9 9 9 9 9 9 9 9
A B C D E A B C D E F G H I J K L

210 03 08-29-2 1 1 OF 2 1 ANGINA PECTORIS
2 1 CHEST PAIN
3 1 CHEST PAIN
Q. 4-7 1 3 2 1 2 2 9 9 9 9 9 1 9 9 9 9 9 9 9 9
A B C D E A B C D E F G H I J K L



—— ○○○ ——

## APPENDIX II

## DIAGNOSTIC RECODE[3]

| Recode number | Title | International Classification of Diseases (Seventh Revision) inclusions as modified by NCHS |
|---|---|---|
| 01 | Tuberculosis (active) (inactive), all sites---- | 001-007, 008, 009-S, 010-012, 014-019 |
| 02 | Other chronic infective and parasitic diseases---------- | 020-029, 031-034, 036-039; 040-056, 057 excl. 057.1; 058-064; 070-074; 080, 082, 083.0, 084-096.8; 096.X, 100-138 |
| 03 | Malignant neoplasms---------- | 140-205 |
| 04 | Benign and unspecified neoplasms---------- | 210-239 |
| 05 | Hay fever, without asthma---------- | 240 |
| 06 | Asthma (with or without hay fever) (bronchial) (not otherwise specified)---------- | 241 |
| 07 | Other allergic disorders not elsewhere classifiable---------- | 245 (242-244, 246-S not used) |
| 08 | Diseases of the thyroid gland---------- | 250-254 |
| 09 | Diabetes (mellitus)---------- | 260 |
| 10 | Anemia and other diseases of the blood and blood-forming organs, 3 mo.+---------- | 290-299 |
| 11 | Vascular lesions of the central nervous system---------- | 330-334 |
| 12 | Headache and migraine, chronic---------- | 354, 791 |
| 13 | Specified mental disorders, not elsewhere classifiable---------- | 083.1, 083.2, 300-324, excl. 318.3 |
| 14 | Ill-defined mental and nervous trouble, not elsewhere classifiable, 3 mo.+---------- | 327-S (318.3, 326.3, 326.4, 790.0, 790.2) |
| 15 | Diseases of the heart, not elsewhere classifiable (chronic rheumatic) (arteriosclerotic) (hypertensive)---------- | 410-443 (782.1, 782.2, 782.4) |
| 16 | Hypertension, not elsewhere classifiable, without heart involvement---------- | 444-447 |

[3] The recode categories 1-46 are the same as those used in the Recode 3 for the Health Interview Survey. Recodes 48-50 were included in Recode 47 in the original recode.

| Recode number | Title | International Classification of Diseases (Seventh Revision) inclusions as modified by NCHS |
|---|---|---|
| 17 | Varicose veins | 460, 462 |
| 18 | Hemorrhoids | 461 |
| 19 | Rheumatic fever; arteriosclerosis, not elsewhere classifiable; other chronic diseases of the circulatory system | 400-402, 403-S; 450-456, 463-468; 782.0, 782.3, 782.5-782.8, 782.X |
| 20 | Chronic sinusitis | 513 |
| 21 | Chronic bronchitis | 502 |
| 22 | Other chronic diseases of the respiratory system | 510.0, 512, 514-517, 523-526; (480-493, 3 mo.+; 511, 518-522, 527, 783, if 3 mo.+) |
| 23 | Ulcer of stomach and duodenum | 540-542 |
| 24 | Hernia (abdominal cavity) | 560, 561 |
| 25 | Diseases of the gallbladder, chronic | 584-586 |
| 26 | Other chronic diseases of the digestive system | Any in 530-539, 543-545, 551-553, 570, 572-583, 587, 784.5-784.7, 785.0-785.3, 785.5, 785.7-785.X (784.0-784.4, 784.8, 785.4, 785.6) |
| 27 | Disorders of menstruation | 634 |
| 28 | Menopausal symptoms, except psychosis | 635 |
| 29 | Urinary calculi; prostate disorders; other chronic genitourinary conditions | 602, 604, 610-612; 620, 592, 594, 623; 591, 593, 600, 601, 603, 605-609, 613-617, 621, 624-633, 636, 637, 786, 789, if 3 mo.+ |
| 30 | Chronic skin diseases | 690-716, - if 3 mo.+ except 694 |
| 31 | Arthritis and chronic rheumatism | 725 (720-724 not used), 726.0, 726.1, 726.3, 727 |
| 32 | Other chronic musculoskeletal disorders | 730.1, 730.2, 744; - [731-733, 735, 738, 740-743, if 3 mo.+] |
| 33 | Fractures, 3 mo.+, no residual specified | 800.9-829.9 |
| 34 | Other injuries, 3 mo.+, no residual specified[4] | 850.9-999.9[4] |
| 35 | Severe visual impairment | |
| 36 | Other visual impairment | |
| 37 | Hearing impairments | |
| 38 | Speech defects | |
| 39 | Paralysis | |
| 40 | Absence, fingers, toes, only | |
| 41 | Absence, major extremities | |
| 42 | Impairments (except paralysis and absence), back or spine | |

[4] Unspecified residuals, 3 mo.+, of dislocations, sprains, strains, are coded to X70.9-X79.9, by site.

| Recode number | Title | International Classification of Diseases (Seventh Revision) inclusions as modified by NCHS |
|---|---|---|
| 43 | Impairments (except paralysis and absence), upper extremities and shoulders---------- | |
| 44 | Impairments (except paralysis and absence), lower extremities and hips with any other site-- | |
| 45 | Impairments (except paralysis and absence), multiple not elsewhere classifiable, and ill-defined, limbs, back, trunk---------- | |
| 46 | Other impairments---------- | |
| 47 | Other chronic conditions, not impairments and not in recodes 48-50---------- | All other ICD code numbers which may be chronic conditions |
| 48 | Chronic diseases of eye, not impairments---- | 370-388, if 3 mo.+; 753.0, pt. 753.1 |
| 49 | Chronic diseases of ear, not impairments---- | 390-396, if 3 mo.+ |
| 50 | Chronic organic nervous system conditions--- | 340-350, 353, 355-369; pt. 753.1; pts. 780, 781, if 3 mo.+ |

# APPENDIX III

# SAMPLING DESIGN

## Introduction

The sampling design consists of the selection of the sample of respondents, the allocation of the sample to interviewers, and the procedures used in calculating the estimates.

## Family Account Numbers and Medical Record Numbers at KFHP

The main devices used in selecting the samples were the Family and Medical Record Numbers, which are now discussed.

On enrollment in KFHP, a new subscriber is assigned a seven-digit number called the Family Account Number. There is one Family Account Number for the subscriber and the covered members of his family.

For the subscriber the Family Account Number is also his Medical Record Number. Other members of his family are also assigned individual Medical Record Numbers which are in sequence after the Family Account Number for all members covered when the subscriber joins and which are the next higher numbers for those joining the covered membership—e.g., newborn infants at a later time. Thus, the Family Account Numbers are the Medical Record Numbers of the subscriber, and each member of KFHP, subscriber or not, has his own seven-digit Medical Record Number. The records for each person include both his Family Account Number and his Medical Record Number.

## Population

For purposes of this study the population consisted of all members of KFHP that met the following requirements:

(1) They were members during the 6-month period January through June 1960 and during the study itself.

(2) They were at least 17 years of age at the date of interview.

(3) They were not members of the Culinary Workers Union.

## Selection and Assignment to Interviewers of the Interview Sample

*Introduction.*—The two main samples in the study were the PVR Sample, for which medical records were prepared, and the Interview Sample, a subsample of the PVR Sample for which interviews and comparisons with the medical records were made.

In this section the selection of these two samples, the weights of the elements of the Interview Sample, the interviewers' assignments, and the dates of beginning and terminating interviews are discussed.

*Preliminary Sample.*—The population from which the Preliminary Sample was drawn consisted of all subscribers to KFHP and the covered members of their families 15 years of age and over who were members of KFHP during the 6 months January through June 1960 and who were not members of the Culinary Workers Union.

The Preliminary Sample consisted of those with terminal digits 2, 5, or 7, and thus included approximately 30 percent of the population.

*Physician Visit Record (PVR) Sample—allocation to five waves or sequences.*—Using the data on number of visits to SCPMG of each person in the Preliminary Sample for the 6 months January through June 1960, the Preliminary Sample was classified into two strata—those who had made 0, 1, 2, 3, or 4 visits to SCPMG during the 6-month period and those who had made 5 or more visits during that period.

The PVR Sample consisted of an approximately 10-percent sample from the first stratum and an approximately 20-percent sample chosen from the second stratum, selected as indicated in tables I and II.

Table I. Sampling procedure for those making 0 through 4 visits during January-June 1960

| | |
|---|---|
| Of those whose seventh digit (Medical Record Number) is---------- | 0 1 2 3 4 5 6 7 8 9 |
| Include in the sample those whose fifth digit is---------- | 2 4 6 8 0 7 5 9 1 3 |

Table II. Sampling procedure for those making 5 or more visits during January-June 1960

| | |
|---|---|
| Of those whose seventh digit (Medical Record Number) is---------- | 0 1 2 3 4 5 6 7 8 9 |
| Include in the sample those whose fifth digit is---------- | 2 4 6 8 0 7 5 9 1 3 |
| or---------- | 6 0 3 5 7 4 8 2 9 1 |

For convenience in initiating the PVR record keeping and in the interviewing, the sample was randomly allocated to five waves or sequences of approximately equal sizes (see table III). Record keeping began at 3-week intervals for the five waves.

The PVR Sample thus selected consisted of 4,922 names. These were allocated to five sequences or waves according to the sixth digits of the Medical Record Numbers as stated in table III. The staggered beginnings of the waves facilitated both the operations of record keeping at SCPMG and the interviewing by the Bureau of the Census later on.

Table III. Allocation of sample to sequences or waves

| The sequence or wave having identification number | Consists of all persons in the PVR sample having sixth digit (Medical Record Number) | The date on which PVR's began to be filled out for the sequence or wave was— |
|---|---|---|
| 1 | 2 or 5 | October 15, 1961 |
| 2 | 1 or 8 | November 5, 1961 |
| 3 | 6 or 9 | November 26, 1961 |
| 4 | 0 or 4 | December 17, 1961 |
| 5 | 3 or 7 | January 7, 1962 |

*Interview Sample—determination of weights.*—Approximately 11 months after the beginning of each wave, the number of visits of each person on the PVR Sample was tallied from the PVR's for that person. Using those data on number of visits, the Interview Sample was selected from the PVR Sample in accordance with table IV. Also, in table IV are given the weights resulting from the combination of the 1960 visit strata and the study year visit strata.

Table IV. Sampling ratios and weights for interview sample

| Number of visits | | Sampling ratio | Weight |
|---|---|---|---|
| January-June 1960 | Approximately first 11 months of study year | | |
| 0-4 | 0 | 1 in 10 | 20 |
| 0-4 | 1 | 1 in 3 | 6 |
| 0-4 | 2 - 5 | 1 in 2 | 4 |
| 0-4 | 6 and over | All | 2 |
| 5 and over | 0 | 1 in 10 | 10 |
| 5 and over | 1 and over | All | 1 |

*Allocation of the Interview Sample among areas and interviewers—dates of interviewing.*—With minor modifications, the service area of the Kaiser Foundation Health Plan was divided into four areas, three of which were in Los Angeles and the fourth which contained Fontana and nearby areas. The four areas are those of the present study.

After the Interview Sample was selected for a given wave, the addresses of its members were located and the sample was thus distributed among the four areas.

For each of the four areas, the Interview Sample was allocated at random among the three questionnaires. Because of problems of cost and administration, however, interpenetrating samples were not used for interviewer assignments within all areas. In the three Los Angeles areas, the interviewers shifted from area to area in different waves. In the Fontana area, the interviewers were the same in all waves.

One year after the beginning of the PVR record keeping for a wave, the PVR record keeping terminated. Interviewing of that wave then began and continued for 2 to 3 weeks afterwards. The only change from the original plans occurred in Waves 4 and 5 in order to avoid the possibly higher noninterview rates between Christmas and New Year. The dates are given in table V.

Table V. Scheduled and actual interviewing dates, by wave

| Wave | Scheduled dates | | Actual dates | |
|---|---|---|---|---|
| | Beginning | Ending | Beginning | Ending[1] |
| 1 | October 22, 1962 | November 10, 1962 | As scheduled | |
| 2 | November 5, 1962 | November 24, 1962 | As scheduled | |
| 3 | November 26, 1962 | December 15, 1962 | As scheduled | |
| 4 | December 17, 1962 | January 5, 1963 | December 12, 1962 | December 22, 1962[2] |
| 5 | January 7, 1963 | January 26, 1963 | January 3, 1963 | January 16, 1963 |

[1]In some cases, interviewing occurred after the stated ending date, but these were few in number.

[2]The change in dates for Wave 4 was primarily to reduce the amount of interviewing during the Christmas season.

*Final changes in the sample.*—During data processing, two changes were made in the sample to be tabulated. These were as follows:

(1) All persons under 17 years of age on the date of interview were eliminated.

(2) It had been decided earlier that only one person would be interviewed in any household. Consequently if any household had two members or more selected for the sample, all but one were eliminated from the Interview Sample, but the information for the sample person not eliminated was duplicated and in one instance triplicated.

### Interview Sample for Which PVR's Were Not Used

In any record-check study for which special records such as the PVR's are being prepared, there are always the possibilities that these special records are incomplete or inaccurate or that the respondent has become aware of the study sufficiently to influence his reporting. Consequently a further sample, called Wave 6, was selected as follows:

(1) The Wave 6 Sample was selected from persons in the Preliminary Sample who had not been selected for the PVR Sample but who had as a sixth digit of their Medical Record Numbers either 0, 3, 4, or 7—i.e., the sixth digits corresponding to Waves 4 or 5.

(2) A 10-percent sample was selected from those with 0, 3, 4, or 7 as the sixth digit of their Medical Record Numbers in accordance with table VII.

Table VII. First-stage 10-percent sample from those having sixth digits identifying sequences or Waves 4 and 5

| | |
|---|---|
| Of those whose seventh digit (Medical Record Number) is---------- | 0 1 2 3 4 5 6 7 8 9 |
| Include in the first stage sample those whose fifth digit is--- | 4 5 9 0 3 2 1 7 6 8 |

(3) The resulting sample, called the PC Sample, then consisted of a subsample of one in six of those selected in item 2 who had made 0 to 4 visits to SCPMG during January-June 1960 and a sample of one in three of those who had made 5 visits or more to SCPMG during January-June 1960.

For the PC, or Wave 6 Sample, medical records (PC) were obtained by using the patient charts (PC) the study year. The persons in the PC Sample were not in the PVR Sample, and no indication of their being in the PC Sample could have reached the physicians and, through them, the patients, because physicians were not involved in the preparation of the medical records (PC).

(4) The medical records (PC) were then used to select an Interview Sample that consisted of all persons in the PC Sample who had made at least one visit to SCPMG during the study year, and a sample of 1 in 10 of those was selected. Thus the weights for Wave 6 are 3, 6, 15, and 30.

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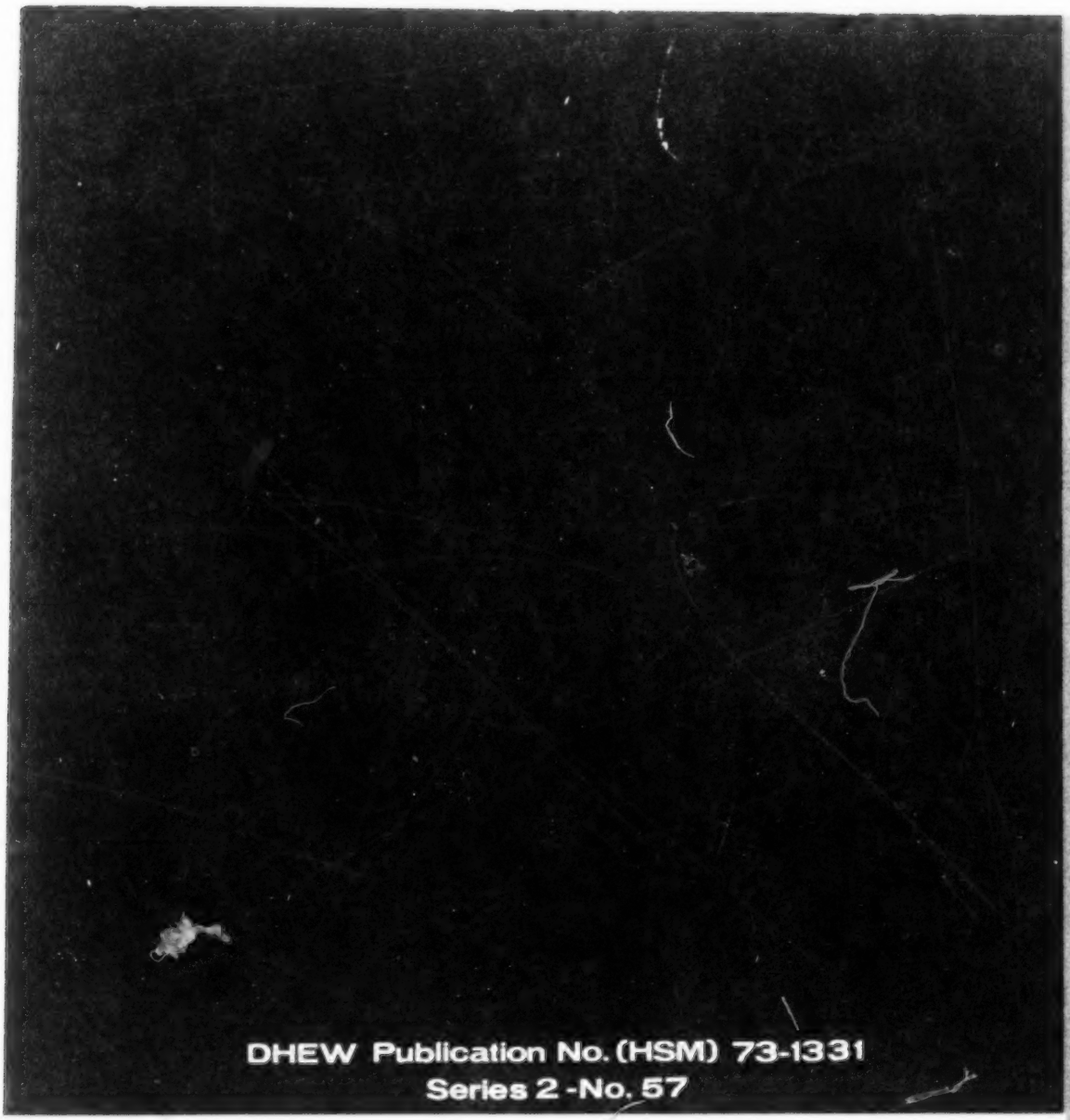

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